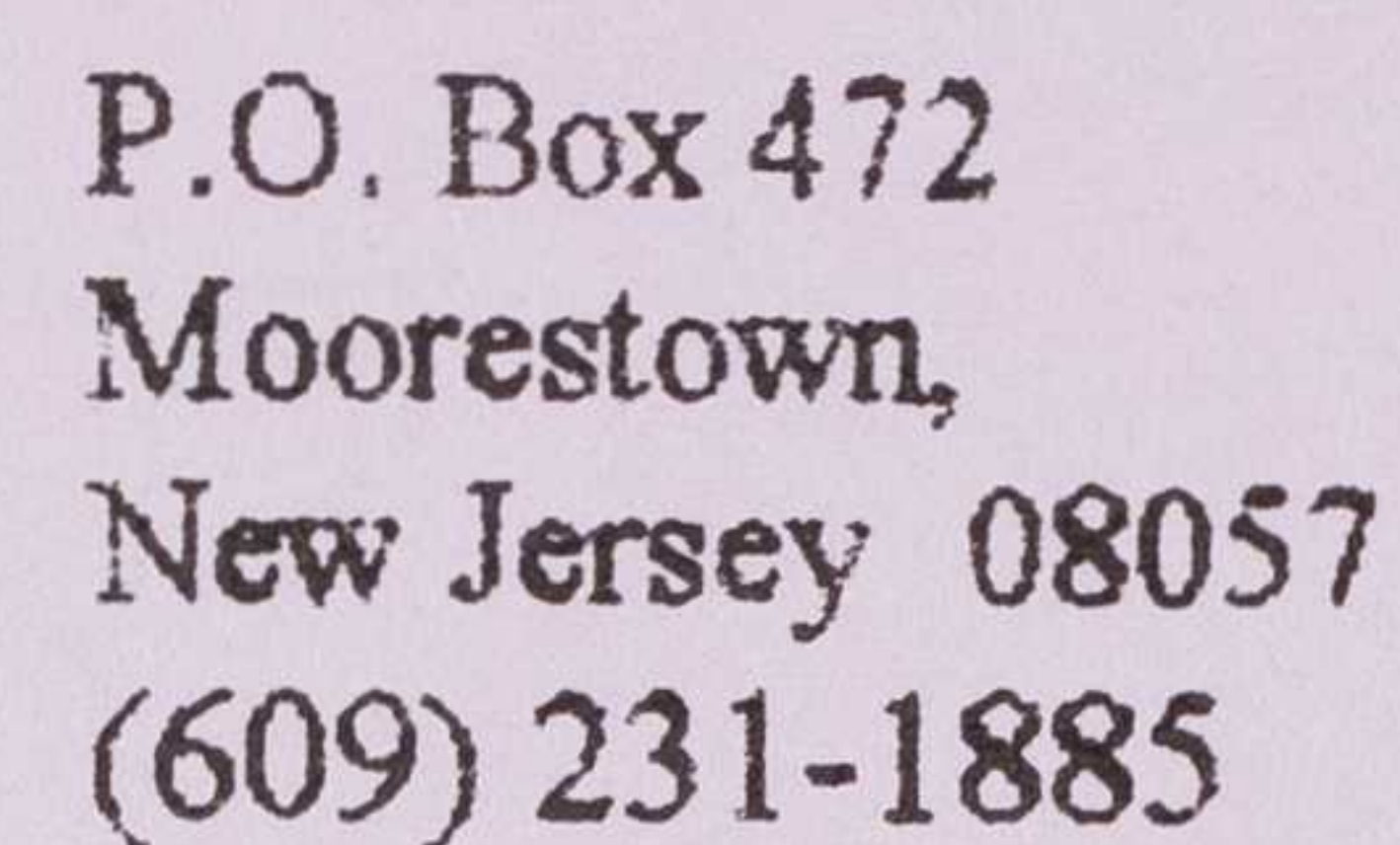




_____ Please send information about the Foundation and the Preserving Paulsdale campaign to the people listed below.

My Name _____
Address _____
City/State _____ Zip _____
Phone (Day) _____ (Evening) _____

SEND APCF AND PAULSDALE INFORMATION TO:

Name(s) _____
Address _____
City/State _____ Zip _____
Phone (Day) _____ (Evening) _____

ORDER FORM

Name _____ Street _____
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Phone (Day) _____ (Evening) _____

Quantity	Item Description	Size*	Unit Price	Postage	Total

Send check payable to APCF to:
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* **PLEASE** specify 1st, 2nd and 3rd size and color choices when ordering.