

RAINBOW HOUSE COLLECTION ORDER FORM

Please leave the information needed for Rainbow House to call you when your order is ready to pick up!

NAME _____

ADDRESS _____

PHONE # _____ CELL # _____

EMAIL _____

Please place your order!

COOKIE COLLECTION

BEE	___ 3-6 MONTHS	___ 6-12 MONTHS	___ 12-18 MONTHS
ANGEL	___ 3-6 MONTHS	___ 6-12 MONTHS	___ 12-18 MONTHS
SLEEPING BABY	___ 3-6 MONTHS	___ 6-12 MONTHS	___ 12-18 MONTHS

SWEET COLLECTION

DAY	___ 3-6 MONTHS	___ 6-12 MONTHS	___ 12-18 MONTHS
NIGHT	___ 3-6 MONTHS	___ 6-12 MONTHS	___ 12-18 MONTHS
SWEET PEA	___ 3-6 MONTHS	___ 6-12 MONTHS	___ 12-18 MONTHS

MATERNITY WEAR

PEACE LOVE BABY	___ S/M	___ L/XL
BABY FEET	___ S/M	___ L/XL

BLANK CARDS

COOKIE COLLECTION	___ # OF PACKS OF CARDS
SWEET COLLECTION	___ # OF PACKS OF CARDS

TOTAL NUMBER OF ITEMS: # _____

TOTAL AMOUNT OWED: \$ _____

METHOD OF PAYMENT:

___ CASH | ___ CHECK | ___ MASTERCARD OR VISA

