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CITY	STATE ZIP						
TELEPHONE (		EMAIL					
	(Please send a se	parate page for additi	onal engraving instruct	ions, if needed.) 🔏	7		
ITEM #	NAME OF RECIPIENT	PRES	PRESENTED BY			DATE/ YEAR	PRICE
PECIAL INSTRUCTIONS (Optional)				*8	% TAX-IL CDERS ONLY		
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<sup>\*\*</sup>Shipping: You will receive the final invoice once your order has shipped. Shipping costs will be added to your final invoice.
\*\*\*Due to supply chain issues in recent years, pricing and availability is subject to change.