

Date: _____

Write Happy & Share the Fun!™

REFUNDS WITH ORIGINAL RECEIPT ONLY
TO RECEIVE A REFUND, ITEMS MUST BE UNUSED AND IN THEIR ORIGINAL PACKAGING.
REFUND BASED ON ORIGINAL METHOD OF PAYMENT. (NO REFUNDS ON SHIPPING CHARGES)

Please Mail, Fax or Email ORDER FORM

SHIP TO ADDRESS

Name: _____ TO: **The Hoffmann Partnership**

Address: _____ **349 Martin Lane, Bloomingdale, IL 60108**

City _____ State: _____ Zip code _____ **FAX: 630-893-4950**

Telephone: _____ Email: _____ **info@WriteHappy.com**

Description	Quantity	Price/incl.shipping	Amount \$USD
For ages 4-8 years (remove all packaging and attachments such as bows before giving to children)			
1) The Golden Tale (Soft cover) English 0-9753106-3-1	_____	x 11.95	_____
2) The Golden Tale (Soft cover) Spanish 0-9753106-1-5	_____	x 11.95	_____
3) The Golden Tale (Hard cover) English 0-9753106-0-7	_____	x 21.95	_____
4) The Golden Tale (Soft cover) English & MY JOURNAL	_____	x 19.90	_____
5) Goldentail Note cards (10 cards per pack with envelopes/50¢ each).....	_____	x 7.00	_____
6) Here Little Teacup! Up! Up! (Soft cover) English 0-9753106-2-3	_____	x 8.95	_____
7) Here Little Teacup! Up! Up! & Muffin Jr.™ #4239* / ship surcharge included.....	_____	x 41.00	_____
8) Here Little Teacup! Up! Up! & Mini Muffin #24557* / ship surcharge included.....	_____	x 31.00	_____
9) Teacup Note card (1) & Plush Mini Muffin #24557* / ship surcharge included ...	_____	x 26.00	_____
10) Teacup Note cards (10 cards per pack with envelopes/50¢ each).....	_____	x 7.00	_____
11) Murphy's Catch	_____	x 8.95	_____
12) Murphy's Collection	_____	x 8.95	_____
13) Murphy's Snow Pal	_____	x 8.95	_____
14) Whimsical MouseBoat note cards (pack of 5 with envelopes).....	_____	x 12.50	_____

Subtotal: _____ \$ _____

*Shipping to an Illinois address? Please furnish or pay: IL IBT# _____ OR *Sales Tax 7.25% _____
shipping charges:included per item Shipping Charges _____ 0

Total Due \$ _____

*Muffin Jr.™ #4239 & Mini Muffin™ #24557 are products of Russ Berrie Company, Inc (Quantities are limited)We reserve the right to refund your money if item not available.

Method of Payment: Check# _____ **Please make checks payable to The Hoffmann Partnership**
and mail your check with this form to our Bloomingdale address. Orders ship in 3-5 business days after payment has cleared.

Method of Payment: Credit card _____ (do not give us your credit card information/we will send you a link via email)
Email required: _____
(Please furnish your Billing address below) We reserve the right to refund your money if item not available.
We will email a PayPal invoice to you. When you receive the invoice, please follow the link in the email to complete the payment process. Orders ship in 3-5 business days after payment is received.
Billing address:
Name: _____
Address: _____ Suite or Apartment #: _____
City: _____
State: _____ Zip code: _____

Thank you for your order. www.WriteHappy.com