Pre-Inked Stamp Program exclusively for

Wisconsin Lioness Club

Schwaab, Inc. hand stamps are ideal for imprinting brochures, policies and other correspondence. With this national promotion, these stamps are available to you at a substantially reduced price.

Logo & Address *(black imprint)* **Part # PI-Sty-1**

Sally Smith
12345 Main Street
Milwaukee, WI 53998

$19.50 *(regular price $47.50)*

Logo & Message *(black imprint)* **Part # PI-Sty-2**

Serving the Community
Sally Smith
Ph. 414-666-2345
sallysmith@yahoo.com

$15.50 *(regular price $47.50)*

Deposit *(black imprint)* **Part # PI-Sty-3**

PAY TO THE ORDER OF
ASSOCIATED BANK
FOR DEPOSIT ONLY
SALLY SMITH
ACCT. # 1234567890

$17.00 *(regular price $32.50)*

Stock Message *(red imprint)* **Part # PS-7**

PAID

$9.50 *(regular price $14.00)*

Stock Message *(red imprint)* **Part # PS-4**

RECEIVED

$9.50 *(regular price $14.00)*

Happy Holidays *(red imprint)* **Part # PI-Sty-4**

Happy Holidays
From: Wisconsin Lioness Club

$14.00 *(regular price $21.00)*

schwaab, Inc. STAMP ORDER FORM

Mailer #179
07/10

Order/Imprint Information

Item #1: Part # PI-Sty-1 **Quantity** _____ **Price $** _____

Imprint #1: Name: _____
Address: _____
City/State/Zip: _____

Item #2: Part # PI-Sty-2 **Quantity** _____ **Price $** _____

Imprint #2: Name: _____
Phone #: _____
E-Mail: _____

Item #3: Part # PI-Sty-3 **Quantity** _____ **Price $** _____

Imprint #3: PAY TO THE ORDER OF
Bank Name: _____
FOR DEPOSIT ONLY
Acct. Name: _____
Acct. #: _____

Item #4: Part # PI-Sty-4 **Quantity** _____ **Price $** _____

Imprint #4: Club Name: _____

Item #5: Part # PS-7 **Quantity** _____ **Price $** _____

Item #6: Part # PS-4 **Quantity** _____ **Price $** _____

Stamp Total = _____
Shipping and Handling = $3.90
Tax _____**% =** _____
TOTAL = _____

Shipping Information

Name _____

Company _____

Address _____

City/State/Zip _____

Phone _____

Method of Payment *(Please check one; no CODs accepted.)*

☐ Cash Order *(check or money order enclosed, payable to Schwaab, Inc.)*

☐ Credit Card – ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Account No. _____

Expiration Date: Month _____ Year _____

Authorized Signature _____

Mail form and check or fax form and credit card information to:
Schwaab, Inc., P.O. Box 26069, Milwaukee, WI 53226-0069
Phone: 800-935-9877 Fax: 800-935-9866

More products available on our website!
Visit www.schwaab.com