



Label Your Memories

It's your story, tell it with STYLE!

Table #: _____



ellen@labelyourmemories.com

301-788-3139

Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Phone: _____
 Email: _____

Turn in album cover and/or spine only – please remove pages

Album Color/Size: _____
 FOIL Color: _____
 FONT Size & Style: (circle one below)

36 point block
 24 point block
 36 point script
 24 point script

Cover	Spine	Back Bottom Center
Notes:		

I, the customer, am responsible for the spelling of all text and all other content provided in the order herein. I understand that Label Your Memories is to be held harmless from any and all liability as it results directly from information provided by me. By signature of this order I acknowledge and release Label Your Memories from any liability beyond item replacement under the terms state herein.

Customer Signature _____ Date _____

Prices		Totals
Album Stamping (2 lines)	\$15.00	
Additional lines # _____	\$6.00	
Duplicate lines # _____	\$4.00	
Other:		
Other:		
Other:		
Payment Type:	Sub Total	
	Tax (6%)	
	Shipping	
	Order Total:	

Order Online - www.labelyourmemories.com

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Facebook.com/LabelYourMemories



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