

Microfilm Order Number: \_\_\_\_\_



## Microfilm Reproduction Order Form

Minnesota Historical Society Library

ATTN: Microfilm Order

345 Kellogg Blvd. West

St Paul, MN 55102-1906

(651) 259-3300, FAX (651) 297-7436, [ill@mnhs.org](mailto:ill@mnhs.org)

Name \_\_\_\_\_

Date Ordered \_\_\_\_\_

Company \_\_\_\_\_

MNHS Membership # \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Title	Dates	Total # of Reels

Total reels: \_\_\_\_\_ x \$90 = \$ \_\_\_\_\_

10% MNHS Membership discount = \$ \_\_\_\_\_

Tax = \$ \_\_\_\_\_

Shipping (\$2.50 per 6 reels) = \$ \_\_\_\_\_

Total = \$ \_\_\_\_\_

Circle payment type: Check/money order (made payable to Minnesota Historical Society)

Invoice (Libraries and Institutions only)

Credit Card

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

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