

Milestones of the Italian American Experience
Order Form

Name: _____
 Company: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Quantity	Price	Total
	\$10 / CD	\$
	\$ 8 / CD *	\$
* Savings only apply for orders of 5 or more		TOTAL \$

Payment Method:

_____	I would like to pay by check	
	Please make checks payable to:	NIAF
_____	I would like to pay by credit card	
	Please Circle:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
	Card Number:	_____
	Expiration Date:	_____
	Name as it appears on the card:	_____
	Signature:	_____

Proceeds to benefit the NIAF education and scholarship program.

Please complete and fax this order form to: (Credit card orders only)

NIAF
 Attn: Publication Sales
 Milestones of the Italian American Experience
 202-387-0800

or

Complete and mail this order form & check to:

NIAF
 Attn: Publication Sales
 Milestones of the Italian American Experience
 1860 19th Street, NW
 Washington, DC 20009

