

Schuylkill Stories Order Form

Please print your name and mailing address:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address or telephone number: _____

Postage - 1 book (library rate): \$3. Add \$1 for each additional copy.

Please contact the library at (570) 622-8880 if you would prefer Priority Mail postage.



Copies of book ___ x \$20 each = _____

PA residents add 6% tax (\$1.20 ea): _____

Postage: _____

Total: _____

Send this order form and a check for the total amount, made payable to the Pottsville Free Public Library, to:

Pottsville Free Public Library
Attn: Schuylkill Stories
215 W Market St
Pottsville, PA 17901-4304