Gil and Sally Stelter
7 Orchard Crescent
Guelph, Ontario
N1E 1W9

Your Mailing Information:

NAME_____

ADDRESS_____

CITY_____

PROV/STATE_____POSTAL CODE_____

QTY	NAME OF DAYLILY	PRICE PER	SUB-TOTAL

ADD PHYTO IF APPLICABLE	
ADD APPLICABLE SHIPPING CHARGES	
TOTAL (Make cheque payable to Gil Stelter)	