

Where your story begins.

### **Michigan's Marguerite de Angeli Book Order Form**

To order copies of *Michigan's Marguerite de Angeli: The Story of Lapeer's Native Author-Illustrator* by William Anderson, please fill out the information below and mail this form, along with your payment, to the Lapeer District Library at the address below.

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Quantity: \_\_\_\_\_ x \$10.00 = Cost: \$\_\_\_\_\_ + \$2.79 S/H per 1 copy\*

\$\_\_\_\_\_ Total Enclosed

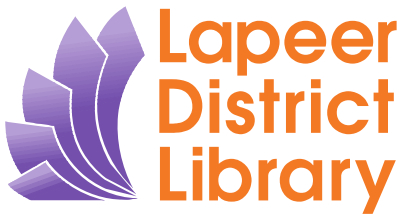
Mail to:  
Lapeer District Library  
201 Village West Drive  
Lapeer, MI 48446

If paying by check or money order, please make the payment to Lapeer District Library.  
If paying by credit card, please fill out the One Time Credit Card Payment Authorization Form on the next page and mail it with the order form.

You should expect delivery within 2 to 3 weeks of us receiving the form.

Feel free to email us at [mdeangeliarchive@lib.lapeer.org](mailto:mdeangeliarchive@lib.lapeer.org) if you have any questions.

\*Please call 810-664-9521 during regular business hours to inquire about shipping costs for multiple copies.



Where your story begins.

## One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Lapeer District Library to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

---

**Please complete the information below:**

I, \_\_\_\_\_, authorize Lapeer District Library to charge my credit card  
(full name)

account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)  
the book(s) titled, *Michigan's Marguerite de Angeli* by Bill Anderson.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV \_\_\_\_\_ (This is usually a 3 digit code on the back of the card)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.