



KENDRA SCOTT

**Kendra Scott Order Form**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

\_\_\_\_\_ Would like items shipped    \_\_\_\_\_ Will pick up items from the store

If items are being shipped:

Mailing Address: \_\_\_\_\_

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

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Please list desired items below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are any of these items gifts that need to be giftL wrapped? Y N

*Thank you!*

*Email completed form to Julie Gardner: [jgardner@mibtX.org](mailto:jgardner@mibtX.org)*

*you shop, we give*  
KENDRASCOTT.COM

