Girl Scouts®

Girl Scouts of the Missouri Heartland, Inc.

Retail Shop Mail-Order Form

Ordering Information

1. GSMH Retail Shop orders may be placed by telephone (877-312-4764), fax (417-862-4120), e-mail (gscouts@girlscoutsmoheartland.org), or mail to:

   Girl Scouts of the Missouri Heartland, Attn: Retail Shops
   210 S. Ingram Mill Rd, Springfield, MO 65804 • 1029 E. 7th St, Joplin, MO 64801
   230 Metro Drive, Jefferson City, MO 65109 • 1420 Girl Scout Way, Dexter, MO 63841
   1432 Kurre Lane, Cape Girardeau, MO 63701

2. Payment may be made by check, credit card, or Girl Scout Cookie Credit. COD orders are not permitted. Please note that Girl Scout Cookie Credit may only be spent for the girl who has earned it.
3. Fulfillment of order is subject to availability.
4. Please allow 7 to 10 days from receipt of order for delivery.
5. Refunds and exchanges will be given on purchases when merchandise is returned within 90 days with receipt. All merchandise must be current (no discontinued items) and in original condition, have all tags attached and be accompanied by a receipt. Refunds over $25 will be given in the form of a check issued within two weeks of the return.

Order Detail

Name _____ Service Unit _____ Troop # _____

Mailing Address _____ City/State/ZIP _____

Phone Number _____ E-mail _____

Qty	Item Number (listed before price)	Description	Size	Color	Unit Price	Total Price

TOTAL ORDERED	$
SHIPPING & HANDLING	$
TOTAL AMT DUE	**$**

Shipping and Handling Charges

Orders under $5.00	$ 2.00	Orders $100.01 to $150.00	$13.00
Orders $5.01 to $25.00	$ 5.00	Orders $150.01 and over	$15.00
Orders $25.01 to $50.00	$ 7.00	APO & FPO (Additional)	$ 6.00
Orders $50.01 to $100.00	$10.00		

Payment Methods

Check(s), made payable to Girl Scouts of the Missouri Heartland, Inc. $_____

Cookie Credit (if applicable) (Make sure to include 2-digit security code located on back of card).

Cookie Credit Gift Card #: __ __ __ __ __ __ __ __ __ __ __ __ - __ __ __ __ __ - __ __ $_____

Credit Card *(Please complete information below.)* $_____

Credit Card Type: _____ **TOTAL ENCLOSED** $_____

Card #: _____ *Expiration Date:*_____

Name on Card: _____ *Signature:* _____

For questions about your order, please call the GSMH Retail Shops at 877-312-4764.

United Way