

**Beall High School  
Commemorative Cube**

TEACHERS  
~ ORDER FORM

Milestone Cube Company  
28 North Centre Street  
Cumberland, MD 21502, USA.  
+(301)777-0250 - telephone  
+(301)777-7216 - fax

Yes, I would like to order this Limited Edition Commemorative Cube.

- I would like to: ( ) have this shipped (fill out all info below)
- ( ) UPS Ground-add extra \$9.50
  - ( ) Regular mail-add extra \$5.25
  - ( ) pick it up at the shop

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

Street Address : \_\_\_\_\_

City, State/Province, Postal Code : \_\_\_\_\_

Country : \_\_\_\_\_

*In case if we have a question about your order, what is the best way to contact you?*

Telephone Number : \_\_\_\_\_

EMail : \_\_\_\_\_

**This information will appear on one side (Side 4) of the Cube.**

**Years you taught: from \_\_\_\_\_ to \_\_\_\_\_**

**Your name as you want it on the Cube \_\_\_\_\_**

**What subjects you taught (also if you were an advisor to/or involved with an organization, that can be listed. I.e.):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate payment method : (Credit Card, Check\*, Cash) \*Make payable to: Milestone Cube Company

Credit Card (Please indicate)     (WE ACCEPT MASTERCARD - VISA)

Credit Card Number: \_\_\_\_\_

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

Authorized Signature : \_\_\_\_\_

**\$57.75**  
*(All orders are prepaid)*

**This is your receipt**

**Customer Name:** \_\_\_\_\_

**Date paid:** \_\_\_\_\_

**Amount paid: \$** \_\_\_\_\_

**Order taken by** \_\_\_\_\_ **Order date** \_\_\_\_\_

**Milestone Cube Company**  
**Commemorative Beall High School Cube**  
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