

# Mural Program Order Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (not required) \_\_\_\_\_

Quantity \_\_\_\_\_ x \$ 16 = \_\_\_\_\_

Mail to:  
Kids As Peacemakers, Inc.  
P.O Box 252  
Newburyport, MA 01950