



Loss & Found™

ORDER FORM

Date _____ Contact _____

PURCHASE ORDER # _____ Check Enclosed

Name/Organization _____

Billing Address _____

City _____ State _____ Zip _____

Ph (_____) _____ email _____

- Ship TO: (same as above) OR
- Ship to different address than billing

Zip _____

Attn: _____

<u>Order Item</u>	<u>Quantity</u>	<u>Total</u>
<input type="checkbox"/> One - Five Copies at \$24.90/ea includes S&H	_____	\$ _____
<input type="checkbox"/> Six copies or more at \$21.15/ea includes S&H <i>(Reflects 15% discount)</i>	_____	\$ _____
<input type="checkbox"/> 25 copies or more at \$17.50/ea includes S&H <i>(Reflects 30% discount)</i>	_____	\$ _____

TOTAL ORDER WITH *SHIPPING/HANDLING \$ _____

To Pay By Credit Card: Please Order From Website: handsandvoices.org

***Please allow two- three weeks for delivery, and make checks payable to:**

Hands & Voices
 PO Box 3093, Boulder CO, 80307 USA
 Order form may be faxed to: 303-492-3274 Attn: Janet DesGeorges