



We Are Hands & Voices Stories for Families

ORDER FORM

Date _____ Contact _____

PURCHASE ORDER # _____ Check Enclosed Charge

Name/Organization _____

Billing Address _____

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Ph (_____) _____ email _____

- Ship TO: (same as above) OR
 Ship to different address than billing (NO P.O. Boxes on FEDEX Shipments)

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Attn: _____

<u>Order Item</u>	<u>Quantity</u>	<u>Total</u>
<input type="checkbox"/> One - Five Copies at \$21.00 each includes S&H*	_____	\$ _____
<input type="checkbox"/> Six copies or more at \$18.90 each includes S&H* (reflects a 10% discount)	_____	\$ _____
<input type="checkbox"/> 25 copies or more at \$17.85 each includes S&H* (reflects a 15% discount)	_____	\$ _____

TOTAL ORDER WITH *SHIPPING/HANDLING \$ _____

Visa / Mastercard / American Express (Please Circle type)
 # _____ CVV# _____

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 Authorized Signature _____ Date _____

PRE-ORDER - Please allow four weeks for delivery, and make checks payable to: Hands & Voices
 PO Box 3093, Boulder CO, 80307 USA
 Order form may be scanned and emailed to jeannene@handsandvoices.org
 Order form may be faxed to: 303-735-6245 Attn: Janet DesGeorges