

WAFCC

WISCONSIN ASSOCIATION OF
FREE & CHARITABLE CLINICS

#TheNeedContinues
www.WAFCClinics.org



DVD ORDER FORM

Order Date: _____

SOLD TO:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Organization: _____

Email: _____ Newsletter Sign-up? YES or NO (circle one)

SHIP TO:

Check box if same as "SOLD TO"

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DVD ORDER: Suggested donation \$10 per DVD, plus \$5 shipping

Quantity _____ x \$10 = _____ DVD + \$5 Shipping = _____ Total

PAYMENT METHOD:

DVD & Shipping Total \$ _____ + Additional Donation \$ _____ = Amount Paid \$ _____

Select One: CREDIT CHECK # _____

Credit Card Information: MC / VISA / DISCOVER / AMEX (circle one)

Credit Card Number: _____ Exp Date _____ CVC _____

Authorization Signature: _____

Mail completed form to: WAFCC 4979 Hickory Ct, Elkhorn, WI 53121 or KatherineGaulke@hotmail.com

Donations to WAFCC are tax-deductible. WAFCC is a 501(c)3 nonprofit organization.

For Office Use Only:

Received date: _____ Shipped date: _____ Initials: _____