

STRAY RESCUE WALL CALENDAR ORDER FORM

Purchaser Information

Name _____ E-mail _____

Address _____

City _____ State _____ Zip _____



Quantity

Subtotal

_____ x \$15.00 = \$ _____
+ Shipping & Handling* = \$ _____

*\$3.00
One calendar

TOTAL \$ _____

*\$1.00
For each
additional calendar

Method of Payment

Check _____ Credit _____ Debit _____ Visa _____ Mastercard _____ Discover _____ AMEX _____

Name on Credit Card _____

Credit Card Number + Verification Code _____

Exp. Date _____ Telephone Number _____

Signature _____

THANKS FOR YOUR SUPPORT!



Return this form to:

**Attn: 2010 Calendar
Stray Rescue of St. Louis
1463 S. 18th St.
St. Louis, MO 63104**