# CHANGING LIVES ORDER FORM

**BILLING ADDRESS**

Name: _____

School: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

**SHIPPING ADDRESS** ☐ same as billing address

Name: _____

School: _____

Address: _____

City: _____

State: _____ Zip: _____

**Requested Delivery Dates**

Curriculum: ____/____/____

Student Materials: ____/____/____

| ITEM DESCRIPTION *(see product list)* | ITEM # | UNIT PRICE | QTY | TOTAL |
|---|---|---|---|---|
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**PAYMENT INFORMATION**

☐ Check Enclosed

☐ P.O. # _____ Tax Exempt # _____

| | |
|---|---|
| **Subtotal** | |
| Sales Tax | |
| *Shipping & Handling | |
| **Total** | |

*Call for shipping and handling quote **866-593-4703** (US) **320-693-2449** (International)

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CHARACTER DEVELOPMENT

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