

Kindred Souls Foundation
2008 Calendar Order Form

Please ensure all information is completed. Return completed form along with payment to:

Kindred Souls Foundation
PO Box 88627
Steilacoom, WA 98388

Total Calendars needed _____ x \$15

Do you need them shipped? Yes* No

*Please add \$3 per calendar if you are having them shipped

Grand Total \$ _____

CASH/CHECK

NAME _____

SHIPPING ADDRESS / CITY / ZIP

PHONE NUMBER _____ EMAIL _____

CREDIT CARD

Is your shipping address the same as your billing address? Yes No*

If your billing and shipping addresses are different, then please ensure you include both

NAME _____

BILLING ADDRESS / CITY / ZIP

SHIPPING ADDRESS / CITY / ZIP

PHONE NUMBER _____ EMAIL _____

Please Check Method of Payment:

Visa _____ MasterCard _____ DiscoverCard _____ American Express _____

Name (as appears on card)

Credit Card Number _____ Expiration _____

Signature _____ Date _____