

Global Dental Audio CD ORDER FORM

Contact Information

Name: _____

Email: _____ Day-time Phone _____

Mailing Address: Street: _____

City _____ State _____ Zip _____

Quantity and Message

I would like to purchase (note quantity below):

_____ Andrew Holocek in Concert CD(s)

Shipping Method

_____ I would like to have the CD(s) sent to me at the address listed in the contact information.

_____ I would like to have each CD sent directly to my attached list for an additional \$5 per package.

Total Amount Due

I am purchasing _____ number of CDs at \$20 each for a total of \$_____

I would like to have _____ number of CDs sent directly to recipient(s) at an additional cost of \$5 per package for a total of \$_____.

Total Amount Due: \$_____.

Payment Method

___Master Card ___VISA ___American Express ___Discover

Card Number _____

Expiration Date _____ Security Code _____

Enclosed is my check in the amount of \$_____

*To order, mail this completed form to Global Dental Relief, 4105 E. Florida Avenue * Suite 200 * Denver, CO 80222, or scan and email to info@globaldentalrelief.org. Gifts will be shipped within two weeks of receiving order. Questions, call 303-858-8857.*