

# Girls Circle, The Council, and Women's Circle Order Form

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization \_\_\_\_\_

Type of Program (i.e., school, pregnancy prevention, etc.) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

TITLE of MATERIAL	QTY	UNIT	TOTAL
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
<b>SUBTOTAL</b>		\$	\$
8.5% sales tax on items DELIVERED TO CALIFORNIA.		<b>TAX</b>	
<i>Shipping &amp; Handling based on weight &amp; destination – call for rates</i>		<b>S&amp;H</b>	
<b>ESTIMATED TOTAL</b>			<b>\$</b>
PAYMENT METHOD: <input type="checkbox"/> Purchase Order # _____ <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex			
(ON BACK OF CARD)			
Credit Card No. _____ - _____ - _____ - _____		Expiration Date: ____ / ____	CVS Number: _____
Name on Credit Card: _____			
Billing Address: _____		City _____	State _____ Zip: _____
Signature: X			

Payable to: **ONE CIRCLE FOUNDATION**  
 734 A Street, Suite 4, San Rafael, CA 94901  
 Tel: (415) 419-5119 Fax: (415) 448-5459  
**Purchase Orders, Checks and Credit Cards Accepted**