

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.		\$	\$
SUBTOTAL		\$	\$
9% sales tax on items DELIVERED TO CALIFORNIA.		TAX	
<i>Shipping & Handling based on weight & destination – call for rates</i>		S&H	
ESTIMATED TOTAL			\$
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: **GCA/Tides**
 458 Christensen Lane, Cotati, CA 94931
 Tel: 707-794-9477 Fax: 707-794-9938
Purchase Orders, Checks and Credit Cards Accepted