CWI Gifts Order Form

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Ordered By: If information is incorrect on Mailing Label, please correct below and check box. ❑
Customer # _____

Name *(Please Print)*

Street Address

City State Zip

Daytime Phone ( ) Evening Phone ( )

Email_____

Ship To: **(if different from Ordered by)**

Name *(Please Print)*

Street Address

City State Zip

Daytime Phone ( ) Evening Phone ( )

Method Of Payment ❑ Mastercard ❑ Discover Card ❑ Visa ❑American Express ❑ COD ($10.00 Fee)

Expiration Date Required Month Year

Signature Required for Credit Card

Item #	Qty.	Item Description	Price	Total
		Total will not reflect shipping costs		
		Thank You For Your Order!	Total $	