



Puppy Calendar

Order Form

Name _____

Address _____

City _____ State _____ Zip _____

Puppy Club: County _____ State _____

Phone(_____) _____

I wish to order _____ 2019 Seeing Eye Puppy Calendars @ \$10 each Subtotal: \$ _____

Shipping & Handling is \$2 per Calendar _____ x \$2= Shipping: \$ _____

TOTAL \$ _____

Please charge my credit card

Visa Master Card American Express Discover

Credit Card # _____ Exp _____/____

BILLING Address (if different from above) _____

City _____ State _____ Zip _____

SHIPPING Address (if different from above) _____

City _____ State _____ Zip _____

Check attached for the full amount of: \$ _____

Please make checks payable to "The Seeing Eye" and mail with order form to the address below.

Mail (or email) form and payment to:

The Seeing Eye

PO Box 375

Morristown, NJ 07963-0375

Attn: Puppy Development– Calendars

puppycalendar@seeingeye.org

(800)-539-4425, ext. 1802

