



Puppy Calendar ORDER FORM

idille					
address					
ity		State	_Zip		
uppy Club: County:			_ State:		
Phone: ()					
rish to order 2017 Seeing Eye Puppy Calendars @ \$10 each		Subtotal: \$			
Ship	pping & Handling is \$2 per Caler	ndar x \$2 =	Shipping \$		
			TOTAL \$		
Please charge my Credit Card	:				
□ VISA □ MasterCard	☐ American Express ☐ Dis	scover			
				Exp:	/
Credit Card #:					
	ent from above)				
BILLING Address (If different					
BILLING Address (If differently	ent from above)	State	Zip		

Mail (or email) order form and payment to:

The Seeing Eye

PO Box 375 Morristown, NJ 07963-0375 Attn: Puppy Development – Calendars

