



Puppy Calendar

ORDER FORM

Name _____

Address _____

City _____ State _____ Zip _____

Puppy Club: County: _____ State: _____

Phone: (_____) _____ Email: _____

I wish to order _____ 2018 Seeing Eye Puppy Calendars @ \$10 each Subtotal: \$ _____

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

TOTAL \$ _____

Please charge my Credit Card:

VISA MasterCard 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: _____

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

Mail (or email) order 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

