GC Department of Women's Ministries Order Form

Note: Before writing on this Order Form, you may wish to make duplicate copies and keep original intact for future use.

Today's Date _____

Bill To:

Name: _____

Company: _____

Address: _____

City:_____ State: _____ Zip: _____

Country: _____

Daytime Phone #: ( ) _____

E-Mail: _____

Ship To: (If different than Billing Address)

Name: _____

Company: _____

Address: _____

City:_____ State: _____ Zip: _____

Country: _____

Daytime Phone #: ( ) _____

E-Mail: _____

Please add my name to the *Mosaic* (GCWM newsletter) mailing list. ❑ Yes ❑ No

Quantity	Description	Unit Price	Total
		Subtotal	
		***S&H**	
		Total	

Date Needed: _____

Method of Payment:

❑ Check or Money Order (Made payable to: GC Women's Ministries)

❑ Visa ❑ Mastercard

❑ Discover ❑ American Express

Name of Cardholder: _____

Card Number: _____

Expiration Date: _____

***Shipping and Handling:**

U.S. / Canada – Add 15%
International – Add 30%

Express and Overnite orders do not deliver to a PO Box. A street address is required. Extra mailing charges will be assessed.

Questions? Contact us: 12501 Old Columbia Pike, Silver Spring, MD 20904-6600
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