

ORDER FORM



Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Ship To (if different from above):

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____

a	b	c	d
Description	Quantity	Per-Unit Donation	Total <small>(multiply column b and column c)</small>
Large Car Magnet		\$12.00 each by mail	
Small Car Magnet		\$6.00 each by mail	

TOTAL COST \$ _____
Add totals in column d

Method of payment:

Check (please make payable to Hi Tor Animal Care Center & mail to 65 Firemen's Memorial Dr., Pomon, NY 10970)

Credit Card: Mastercard Visa

Card No: _____ Exp: _____ / _____

Signature approval _____

THANK YOU FOR YOUR CONTINUED SUPPORT!