

***Mission: To improve the futures of children with hearing loss.***

**ORDER**

Date of order:

|  |  |
| --- | --- |
| Order from/ Bill To:Name:Address:Address:City: State:Zipcode:EMAIL:  | Ship to/ Deliver to: ⃝same as Bill ToName:Address:Address:City: State:Zipcode:EMAIL: |

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF ITEM | PRICE | QUANTITY | TOTAL AMOUNT |
|  |  |  |  |
| **FAX ORDER TO 480-393-4331 OR****EMAIL TO: orders@successforkidswithhearingloss.com** |  | Total to be Paid |  |

**Method of Payment:**

⃝ check included with this form mailed to: Supporting Success for Children with Hearing Loss

 15619 Premier Drive, Suite 101, Tampa FL 33624

⃝ Please invoice me by email for the total payment. We will send a check at a later date.

⃝ Please charge my credit card. Email the receipt to me at the ‘Bill To’ email address.

Name on credit card:

Address associated with card account:

Phone number associated with card:

Credit card number:

Expiration date: CVV code: