

# MASK ORDER FORM



## GENERAL DETAILS

Title \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Minimum order 5 for \$35.00** Each additional mask is \$7.00

# \_\_\_\_\_ ordered (min. 5) Total price \$ \_\_\_\_\_

Price includes GST and shipping. Rush delivery is available for an additional cost - please contact our office.

## PAYMENT OPTIONS

Please find attached **my cheque / money order** made payable to **Optometry Giving Sight**, or

Please charge my credit card

MC  Visa  AMEX  Discover

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_



OPTOMETRY GIVING SIGHT  
**WORLD SIGHT DAY  
CHALLENGE**

## PLEASE FAX, MAIL, OR EMAIL THIS FORM TO:

**USA** 1019 8th Street, Suite #304, Golden, CO 80401

T | 303 526 0430 F | 303 279 8042

W | [givingsight.org](http://givingsight.org)

E | [usa@givingsight.org](mailto:usa@givingsight.org)

**CANADA** B110-4 Parkdale Cres NW, Calgary, AB T2N 3T8

T | 403 670 2619 F | 888 425 7296

W | [givingsight.org](http://givingsight.org)

E | [canada@givingsight.org](mailto:canada@givingsight.org)