

Card Order Form





YOUR NAME _____

ADDRESS _____

CITY _____ PROV _____ POSTAL CODE _____

PHONE [B] _____ / _____ [H] _____ / _____

FAX _____ / _____ E- MAIL _____

Type of Card	Price	Quantity	Sub Total
 All Occasion Cards	<input type="checkbox"/> \$18.00 / set of 6 cards		
 Season's Greeting Card	<input type="checkbox"/> \$10.00 / card, personalized and mailed		
	<input type="checkbox"/> \$7.50 / card, blank		
 Tribute Card	<input type="checkbox"/> \$10.00 minimum donation/card, personalized and mailed		
 Jewish New Year Card	<input type="checkbox"/> \$10.00 / card, personalized and mailed		
	<input type="checkbox"/> \$7.50 / card, blank		

A tax receipt will be issued for total purchases of \$18.00 or more.

TOTAL AMOUNT _____

Payment

CHEQUE: PLEASE MAKE CHEQUES PAYABLE TO: THE GERRY & NANCY PENCER BRAIN TRUST

VISA MASTERCARD AMEX CARD # _____

NAME ON CARD _____

EXPIRY DATE _____ TOTAL AMOUNT \$ _____ SIGNATURE _____

A tax receipt to be issued to SAME AS ABOVE if different from above _____

Personalized message

Name & address of recipient

Name _____

Address _____

For more than one name and address please attach your list, or e-mail to cards@pencerbraintrust.com

THE GERRY & NANCY PENCER BRAIN TRUST 22 St. Clair Avenue East, Suite 1104, Toronto, ON M4T 2S3

TEL 416-923-2999 FAX 416-923-2395 e mail cards@pencerbraintrust.com www.pencerbraintrust.com

Charitable Registration Number 881777569RR0001

