

# 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](mailto:cards@pencerbraintrust.com)

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

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