



'I WISH' DVD Order Form

Organization: _____

Customer Name: _____

Mailing Address: _____

Phone: _____ E-mail: _____

Number of I WISH DVD's @ \$40 each

(each DVD contains the comprehensive, abstinence only, and condensed versions)

\$ _____

Shipping charges @ \$4.95 each

\$ _____

Total Charges

\$ _____

PAYMENT (required with order)

Check Purchase Order Credit Card

Card Number: _____

Cardholder's Name (exactly as listed on card): _____

Billing Address: _____

Cardholder's Signature: _____

RETURN THIS FORM and PAYMENT METHOD TO:

Teen Pregnancy Prevention Initiative

Attn: Michelle White, Coordinator

1715 Lansing Ave., Suite 221

Jackson, MI 49202

Phone: (517) 768-2150

E-mail: mwhite@co.jackson.mi.us



United Way
of Jackson County