



DVD ORDER FORM



PLEASE PRINT CLEARLY: NAME _____

SHIP TO:

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

RETURN THIS FORM

WITH A CHECK OR MONEY ORDER PAYABLE TO:

CMC

1075 MENDOCINO AVE.

SANTA ROSA, CA 95401

QTY _____	x \$ 15 =	_____
SHIPPING —	\$3 =	_____
(for each order of up to 3 DVDs)		
TOTAL =		_____