

# WOMEN'S EXCHANGE CALENDAR ORDER FORM



CALENDAR YEAR: \_\_\_\_\_ QUANTITY: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ORGANIZATION (if applicable): \_\_\_\_\_

## SHIPPING INFORMATION

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

## METHOD OF PAYMENT

PERSONAL / COMPANY CHECK

MONEY ORDER

Please print and mail order form/payment to:

The Women's Exchange, Inc.

PO Box 660824

Birmingham, AL 35266-0824