



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 = _____