

Non-Profit Order Form — Two and Three-Footers (Seven-Footers require a separate form)

Instructions: The following information needs to be included with your order. Please print this form, and then make a copy of it on YOUR letterhead where this box now appears (fold this box over and lay the bottom portion under your letterhead). Please use black ink in capital letters so it faxes clearly.

Please make your check payable and mail to:
 Divnick International, Inc.
 Attn: Wishing Well Order
 321 Alexandersville Road
 Miamisburg, OH 45342

Telephone: 1-937-384-0003
Fax: 1-801-820-3150
E-Mail: sales@divnick.com
Website: www.SpiralWishingWells.com

Purchase Order Number, if any _____ **Date** _____

Your Name (and title, if applicable) _____

Company Name (include store # if applicable) _____

Contact Person if other than you _____

Business/Commercial Street Address _____

City, State, Zip Code _____

Your Best Phone Number _____ **Fax Number** _____

Your Email address _____

Please enter different sizes on separate lines. Please inquire about current ProjectKindness Grant amounts.

Quantity	Size, Specify (2' or 3')	Commercial Price \$1,995 each (white funnels unless specified below)	Minus \$500 each ProjectKindness Grant	Your Portion
			—	
			—	

Specify special color(s), if any: _____ **+\$100 each = \$** _____
www.spiralwishingwells.com/prices/colors.html

Vortex Toy Banks.....Quantity of toys: _____ **x \$11 or \$15 = \$** _____

Toys are normally \$24.95/ea plus \$10 shipping. If you have 1 large Well, your toy cost is \$15/each. But if you are getting ; Wells, your toy cost is \$11/each. We can ship up to 25 toys FREE if ordered along with your Wells. If you have not already read how the toys can raise lots of additional income for you, please read www.spiralwishingwells.com/prices/free-toy.html

Shipping (www.spiralwishingwells.com/shipping) = \$ _____

Other _____ = \$ _____

Sub-Total \$ _____

Ohio Sales Tax (7.5% sales tax in Ohio, or submit tax-exempt verification)..... = \$ _____

Total Cost and payment amount = \$ _____

Payment Method and Terms _____

Check, Wire Transfer, Other (Sorry, credit cards cannot be used for floor-model Wells)

Your signature below indicates your agreement to the above payment terms, and that the Spiral Wishing Well(s) hereon ordered will be exclusively used for non-profit organizations or projects.

Authorized Signature _____

Title _____ **Date** _____

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