

Kiwanis Order Form – ProjectKindness.org Grants. Please call to confirm if the Grants are still available and how much they are.

Instructions: Please contact us when you are ready to order and we will quote the shipping cost. The following information needs to be included with your order. Please print this form, and then make a copy of it on your Kiwanis Club letterhead where this box now appears (cut this box off or fold it under).

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: stevedivnick@spiralwishingwells.com
Website: www.SpiralWishingWells.com/kiwanis

Date _____ **Purchase Order No. (if any)** _____

Your Name (and title) _____

Club Name _____

Ship to Business Name _____

Attention _____

Business Street Address _____

City, State, Zip Code _____

Ship to Phone Number _____ **Your Phone #** _____

Your Email address _____

Please enter different sizes on separate lines. This order form is for Two or Three-Footers. If you want to purchase a Seven-Footer, please contact us.

Quantity	Size (2' or 3')	Standard Commercial Price \$1,995 for 1, or \$3,990 for 2 (white funnels unless specified below)	Minus Grant \$500 if one \$1,000/each if two	Your Portion

Specify special color(s), if any: _____ **+\$100 each** \$ _____

Quantity of "Provided by Kiwanis" [signs and rim-sticker sets](#) _____ x \$45/set) \$ _____

Club Name on sign and rim-sticker _____

Telephone Number on sign and rim-sticker _____

Website Address on sign (if any) _____

Vortex Toy Banks (Normally \$24.95 each plus \$10 shipping. If you get 1 large Well, your toy cost is \$15/ea. But if you are getting 2 Wells your toy cost is \$11/ea. Free shipping up to 25 if ordered with your Wells. **Quantity of toys :** _____ x \$11 or \$15 = \$ _____

Other: _____ \$ _____

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

Total Cost and payment amount \$ _____

Check # and mailing date (must be within 5 days of faxing this form): _____

My signature below indicates my authority and agreement to issue and pay for this order.

Authorized Signature _____

Title _____

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