

Library Order Form – This form can be used by libraries, or “Friends of Library” organizations.

Instructions: This form must be submitted by the library, not the sponsor. Please cut this instruction box off or fold it under, and photo-copy the form onto your letterhead so that your letterhead appears at the top of the order form where this instruction box now appears. Please type or print below. If you print, please use black ink and bold capital letters. Please fax the completed form to 801-820-3150, followed by the mailed original and payment. We will process your order upon receipt of the fax and send you an invoice by email or fax.

Please make your check payable and mail to:

Divnick International, Inc.
Attn: Library Order
321 Alexandersville Road
Miamisburg, OH 45342

Name: Steve Divnick
Telephone: 1-937-384-0003
Fax: 1-801-820-3150
E-Mail: stevedivnick@spiralwishingwells.com
Website: www.SpiralWishingWells.com

Your Name _____ Your best telephone # _____

Your Email address _____ PO# (if any) _____

Library Name _____

Sponsor's Name if applicable _____

Sponsor's Email _____

Library Street Address _____

City, State, Zip Code _____

Library Telephone Number _____ Fax _____

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)

Sub-Total Cost of Wells \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

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

Total Cost and payment amount \$ _____

Check # _____ Date it was/will be mailed: _____
(The check must be mailed within 5 days of the placement of the order unless pre-arranged otherwise.)

My signature below verifies I am authorized to place this order on behalf of the above-named library, that 100% of the Well's revenue will benefit the library or its programs or projects, and that no individual or business will receive any portion of the Well's revenue.

Authorized Signature _____ Title _____

Date _____