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

Instructions: Please print this form, make a copy of it on YOUR church letterhead where this box now appears (fold this box over or cut it off) and fax it to us. If you don't have a fax machine, you can scan it or take a picture of it and email it as an attachment. Please print and use black ink in capital letters so it faxes clearly. We will create an invoice from which you can send a check. Credit cards cannot be used.

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/churches

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

Your Name (and title, if applicable) _____

Church Name _____

Contact Person if other than you _____

Street Address (cannot be shipped to residential) _____

City, State, Zip Code _____

Your Best Contact Phone Number _____

Your Email address _____

*** Please inquire about current ProjectKindness Grant amounts.**

Quantity	Size 2' or 3'	Commercial Price $1,995 ea (white unless specified below)	--$500 PK Grant	Other	Your Portion
			–		$

Options:

- **Specify color(s), if any:** _____ **+$100 each…. $** _____
  (https://www.spiralwishingwells.com/details/colors.html)
- **Vortx Toy Banks……Quantity of toys:**_____**x $16/each $** _____
  Toys retail for $29.95/ea plus $16 shipping. If you have not already read how the toys can raise lots of additional revenue for you, please read www.spiralwishingwells.com/prices/free-toy.html

Shipping (www.spiralwishingwells.com/prices/shipping.html**) …… $** _____

Sub-Total …… $ _____

Ohio Sales Tax (or submit tax-exempt number): County_____ Rate:____ **$** _____

Total Cost and payment amount ……. $ _____

My signature below indicates my confirmation that the Spiral Wishing Well(s) hereon ordered will be exclusively used for non-profit fund raising and no individual or company will be receiving any portion of the revenue. I agree to mail a check immediately upon receipt of the Well(s).

Authorized Signature _____ **Print** _____

Title _____ **Date** _____

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