



Merchandise Order Form

- CWS Pin-\$5.00/ea**
Quantity: _____
- CWCA Pin-\$5.00/ea**
Quantity: _____
- CWS Patch-\$5.00/ea**
Quantity: _____
- Certificate-\$25.00/ea**
Quantity: _____
- AAWM Patient Brochures-\$25.00 per 75 brochures**
Quantity: _____

Full Name and Credentials: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Method of Payment: Check Enclosed Visa MasterCard AMEX

Account number: _____

Signature: _____ **Expiration Date:** _____

Billing Address: _____