THE Book Room

Order Form

Ordered by:_____ Date:_____

Ship to:

Name: _____

Address:_____

Postal Code:_____ Telephone #: _____

Payment:

Credit Card number: _____ Expiry Date:_____

or

Congregational Account Number:_____ Name: _____

City/town:_____

Please note: Invoices are included in shipment.

Quantity	Description	Unit Price

Prices include shipping and handling. Taxes extra. Do not send payment with the order.

The Book Room of the Women's Missionary Society and The Presbyterian Church in Canada
50 Wynford Dr., Toronto, Ontario M3C 1J7 1-800-619-7301, 416-441-1111 fax: 416-441-2825
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