



Edith Bishel Center for the Blind and Visually Impaired

Order Form

Mail to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Quantity	Item #	Pg. #	Description	Price	Total

Method of Payment **Check** (*payable to Edith Bishel Center*) **Visa** **MasterCard** **Discover****Card #** _____**Expiration Date:** _____**Signature:** _____

Sub Total _____

Tax 8.3% _____

\$40 CCTV
Shipping Fee _____

Total _____

Phone: 509-735-0699

Toll Free 509-662-9226

Fax: 509-735-4074

Mail Order Form and Payment to:

628 N. Arthur Street, Kennewick, WA 99336