



You can **print out this form** by clicking on file and then on print.

Billing Address:	Shipping Address: (If different)
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
_____	_____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____

PHONE: () _____ - _____ E-mail address: _____

May we send you information at this E-mail address? (YES / No)

DESCRIPTION	QTY	PRICE	TOTAL PRICE
Book Safari Dentist (Paper back) Add \$3.75 S&H (USA only)		\$20.00	
Book Safari Dentist (Hard bound) Add \$4.75 S&H (USA only)		\$30.00	
DVD Safari Dentist 'Plight of the Maasai children' (23 min.) Produced by BBC employees Add \$2.00 S&H (USA only)		\$10.00	
Book & DVD Safari Dentist Office Pack Autographed Hard bound copy with book easel, DVD and patient order cards with holder Free S&H (USA only)		\$40.00	
SUBTOTAL :			
(WA. Residents add sales tax 8.6%) :			
Total Amount :			
Support the cause! Make a tax deductible donation.			
<input type="checkbox"/> \$25.00 <input type="checkbox"/> \$50.00 <input type="checkbox"/> \$100.00 <input type="checkbox"/> \$ _____ Other			

PAYMENT METHOD (check box) Visa MasterCard Check

Card Number: _____ Expiration date: _____/_____/_____

Security #: _____ (found on back of card for Visa & MasterCard)

Signature: _____

To make a tax deductible donation, please make your check payable to **World Health Dental Org.** For product orders, please make your check payable to **Safari Dentist.**

Mail completed form and payment to:

Safari Dentist / World Health Dental Org. P.O. Box 1085 North Bend, WA 98045