

**Order Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email for receipt: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Specify Flavor: Mint or None*

Strength: 16%      Quantity: \_\_\_\_\_      Flavor: \_\_\_\_\_

Strength: 22%      Quantity: \_\_\_\_\_      Flavor: \_\_\_\_\_

Strength: 35%      Quantity: \_\_\_\_\_      Flavor: \_\_\_\_\_

Personalization Information (minimum of 50 per strength)

*Up to 3 lines with 20 letters across*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Payment Information:**

Type of Credit Card:    ☐ Visa            ☐ MasterCard            ☐ Discover            ☐ Amex

CC#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_      CVV: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Billing Address:            ☐ Same as Shipping

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_      Billing State: \_\_\_\_\_      Billing Zip: \_\_\_\_\_

Return order form by email to [stacyc@oda.org](mailto:stacyc@oda.org), fax to (614) 340-9444 or mail to 1370 Dublin Rd, Columbus OH 43215.

*Please do not send credit card information via email unless using a secure email system*

**Questions?**

Contact Stacy Cox, Operations Manager, by email at [stacyc@oda.org](mailto:stacyc@oda.org) or phone (800) 282-1526.