

**BISHOP JAMES AUGUSTINE HEALY
25TH AWARD DINNER 2018
DVD ORDER FORM**

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE #: _____

(Telephone # required for credit card orders)

QUANTITY	DVD PRICE	TOTAL DUE
	\$ 12	

PAYMENT METHOD: Cash Credit Card Check (# _____)

Make checks payable to: George Willett All credit cards processed thru PayPal

PRICES INCLUDE SHIPPING & HANDLING ~ ALLOW 3-5 WEEKS FOR DELIVERY

CREDIT CARD ORDERS: Enter info exactly as it appears on credit card statement

Card Type: Visa Mastercard Discover Amer. Express

Cardholder's Name: _____

Card #: _____

Exp. Date: _____ Month _____ Year Card Verification #: _____

Signature: _____

Billing Address: _____

(If different than shipping address)

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