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Mon- Friday 7am-3pm EST

**Our Children Enterprises, Inc. Order Form**

Shop on line: [www.ourchildrenenterprises.com](http://www.ourchildrenenterprises.com)

<b>BILL TO:</b>	<b>SHIP TO:</b>
School / Institution _____	School / Institution _____
Your Name _____	Attention: _____
Address _____	Address _____
Apt / Floor _____	Apt. / Floor _____
City _____	City _____
State _____	State _____
Zip _____	Zip _____
Telephone _____	Telephone _____
†E-Mail _____	†E-Mail _____

Quantity	Item Number	Description	Color/Size	Price	Total

<b>PAYMENT METHOD</b>	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> Check / Money Order	*Tax	<input type="text"/>													
Card Number:																**Freight	<input type="text"/>	
Expiration Date:																	<b>TOTAL</b>	<input type="text"/>
Signature:																		

\* If you are in New York please add your local tax.  
 \*\* Shipping charges are 10% of the order total **including** the Tax (when applicable).  
 Minimum shipping charge is \$5.00. We reserve the right to make final corrections.  
 †Include an E-mail address if you wish to be notified when your order ships w/tracking number.