



Teen Pregnancy Prevention Video 'I WISH' DVD Order Form

Organization: _____

Customer Name: _____

Mailing Address: _____

Phone: _____ E-mail: _____

Number of I WISH DVD's @ \$50 each

*(DVD package contains both abstinence plus
and abstinence only versions)*

\$ _____

Shipping charges @ \$5.00 each

\$ _____

Total Charges

\$ _____

PAYMENT (required with order)

Check Purchase Order Credit Card (see below)

Card Number/Expiration Date/Three Digit Code:

Cardholder's Name (exactly as listed on card): _____

Billing Address: _____

Cardholder's Signature: _____

RETURN THIS FORM and PAYMENT METHOD TO:

Teen Pregnancy Prevention Initiative

Attn: Kaitlyn Sievert, Coordinator

1715 Lansing Ave.

Jackson, MI 49202

Phone: (517) 768-2150

Fax: (517) 788-4373

E-mail: ksievert@co.jackson.mi.us

