



... helping you  
to help others  
in their time  
of grief...

ORDER FORM

**Ship to:**     Residence     Business

**Billing to ( if different):**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Payment Information:**

Circle One:    VISA    MasterCard    Check Enclosed

Purchase Order # \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name On Card: \_\_\_\_\_

ITEM / TITLE	COLOR / DESC.	QTY.	PRICE EA.	TOTAL

SUBTOTAL	
SHIPPING	
TOTAL (U.S. Funds)	

SHIPPING COST	
\$ amount of order	shipping charge
\$1 - 10.....	\$ 4.75
10.01 - 20.....	5.50
20.01 - 30.....	6.75
30.01 - 40.....	8.00
40.01 - 60.....	9.25
60.01 - 80.....	10.50
80.01 - 100.....	11.50
100.01 - 125.....	12.00
125.01 - 150.....	12.50
150.01 - 175.....	13.25
175.01 - 200.....	14.50
200.01 - 250.....	15.00

**ORDERING INFORMATION**

**Individuals:**  
Prepayment is required.

**Organizations:**  
Purchase Orders accepted.  
Terms are Net 30 unless otherwise arranged with Grief Watch.

**Canadian/International:**  
Please contact our office for a shipping total.

**CONTACT INFORMATION**

Website: [www.griefwatch.com](http://www.griefwatch.com)

Email: [order@griefwatch.com](mailto:order@griefwatch.com)

Ph: 503-284-7426 • Fax: 503-282-8985

Mailing Address:  
2116 NE 18th Ave  
Portland, OR 97212