

ORDER FORM

2010 CALENDAR



NAME: _____

ADDRESS: _____

CITY: _____ STATE / PROVINCE: _____

ZIP / POSTAL CODE: _____ COUNTRY: _____

PHONE (in case we have a question about your order): _____

NUMBER OF CALENDARS _____ x \$20.00 (US) EACH

ADDITIONAL \$5.00 (US) / CALENDAR SHIPPING CHARGE FOR INTERNATIONAL ORDERS

TOTAL PAYMENT ENCLOSED: \$ _____

PLEASE MAKE CHECKS / MONEY ORDERS PAYABLE TO:

THE INTERNATIONAL 22q11.2 DELETION SYNDROME FOUNDATION, INC

MAIL ORDERS TO:

**The International 22q11.2 Deletion Syndrome Foundation, Inc
4 State Road #201
Media, PA 19063, USA**

All proceeds from calendar sales go to support the International 22q11.2 Deletion Syndrome Foundation, Inc. whose mission is to improve the quality of life for affected individuals and their families by sustaining clinical care, education, research, public awareness, support, and advocacy.

DETECTION.CARE.CURE