



Bead Kit Order Form

Billing Address:

First Name: _____ Last Name: _____ Tel#: _____

Address: _____ City: _____ Prov: _____

PC : _____ Would you like to be included in our mailing list: Yes No

Email: _____

Quantity: _____ X \$67 per kit Total: \$ _____

Shipping Address: Same as billing address Yes

First Name: _____ Last Name: _____ Tel#: _____

Address: _____ City: _____ Prov: _____

PC : _____

Email: _____

Form of Payment (check one)

Credit Card Visa Mastercard Am/Ex
Card number: _____ CVV# _____ Expiry (mm/yy): _____

Signature: _____

Please complete form and send to autismspeakscanada@autismspeaks.org
or fax to 416-362-6228



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