



# Lutheran Women's Missionary League–Canada

Save and submit as an attachment to resourcecentre@lutheranwomen.ca

## Order Form/Invoice

Invoice Number:

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City \_\_\_\_\_ E-mail \_\_\_\_\_

Province \_\_\_\_\_ P. Code \_\_\_\_\_ Contact \_\_\_\_\_

Send bill to (if different) \_\_\_\_\_

Code	Description	Quantity	Unit Price	Amount
<b>Internal Use Only</b>			<b>Total</b>	
Date Received	Date Shipped	Payment Received	Shipping	
			<b>Grand Total</b>	

**Thank you! We appreciate your order**

Please indicate method of payment:

Cheque   
  E-Transfer   
  Credit Card

**Payment is due on receipt of Final Invoice**

Final Invoice with shipping costs added will be emailed when item(s) are shipped  
 Email will also include Payment Procedure information