

## **Shipping Information**

Name:			
School Name: _			
Street Address:			
City:	_State:	_Zip code:_	
Contact Email: _			
Phone:			

### Handbook Rate

Number of Legal Handbooks		. +
Number of Choice Handbooks		+
Number of SNSP Handbooks		. +
WCRIS Member Rate per copy	\$50	Х
WCRIS Non-Member Rate per copy		X
Shipping and Handling	\$10	+
Total		

Wisconsin Council of Religious & Independent Schools Committed to a Higher Standard

### **Method of Payment**

Check\_\_\_\_\_ Credit Card\_\_\_\_\_ Please fill out the back portion \_\_\_\_ Please Invoice Me\_\_\_\_\_

Please mail check payable to: WCRIS, 110 E. Main St. Suite 802, Madison, WI 53703 (608) 287-1224 | wcris.staff@wcris.org | wcris.org

## **Credit Card Purchase**

**Billing Information** Fill out if different than shipping address

Name on Card:\_\_\_\_\_

Street Address: .	

City:State:	_Zip code:
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Contact Email:	

Phone:\_\_\_\_\_

# **Credit Card Information**

Type of Card
Credit Card#
Expiration Date
Security Code
Email for Reciept