

Rehab Center Annual Poinsettia Sale - Order Deadline Nov. 30th

Name: _____ Daytime Phone Number: _____

Address: _____ City, State, Zip: _____

Delivery available in Wichita Falls city limits with a fee of \$3.00 to each location.
All other orders must be picked up at the Rehab Center.

Recipient's Name	Recipient's Address (If Delivered)	Recipient's Phone Number	Color	Quantity	Pick Up or Delivery

Total Number of Poinsettias _____ @ \$17.00 each = \$ _____

Total Delivery Locations _____ @ \$3.00 per location = \$ _____

Please Circle Payment Option: **Cash** **Check** **Card**

Credit Card Number : _____

Exp. Date _____ Zip: _____

Please return order form to:
North Texas Rehab Center, Attn: Marketing Dept.
1005 Midwestern Parkway, Wichita Falls, Texas 76302
Email: info@ntrehab.org or Fax: 940-766-4943

