



NAME: _____

ADDRESS: _____

CITY: _____

ZIP CODE: _____

PHONE: _____

COST	ITEM	QTY	SIZE	EACH	TOTAL
\$20.00	Calendar				\$
\$2.00	Key Chain				\$
\$2.00	Bracelet				\$
\$5.00	Water Bottle				\$
\$5.00	Playing Cards				\$
\$8.00	Six Pack Cooler				\$
\$15.00	Golf Towel				\$
\$15.00	Golf Shirt				\$
\$15.00	Drizzle Stick				\$

Please add \$2.00 S/H for each item.

Please send check, money order or credit information to:

THE BECKY WERNER MENINGITIS FOUNDATION (BWMF)
S95 W32805 HICKORYWOOD TRAIL
MUKWONAGO, WI 53149

CREDIT CARD MC VISA AMERICAN EXP

Please circle one

Card Number: _____

Exp Date: _____

3-Digit code: _____

Signature: _____