

**Library Order Form – Please call to discuss your order and shipping before submitting this form.**

**Instructions:** This form must be submitted by the library, not the sponsor. Please fold this instruction box under, and photo-copy the form onto your letterhead so that your letterhead appears at the top of the order form where this instruction box now appears. Please type or print below. If you print, please use black ink and bold capital letters. Please fax the completed form to 801-820-3150, followed by the mailed original and payment. We will process your order upon receipt of the fax and include an invoice/receipt with your Well.

**Please make your check payable and mail to:**  
 Divnick International, Inc.  
 Attn: Library Sponsorship  
 321 Alexandersville Road  
 Miamisburg, OH 45342

**Name:** Steve Divnick  
**Telephone:** 1-937-384-0003  
**Fax:** 1-801-820-3150  
**E-Mail:** stevedivnick@spiralwishingwells.com  
**Website:** www.SpiralWishingWells.com

**Your Name** \_\_\_\_\_ **Your best telephone #** \_\_\_\_\_

**Your Email address** \_\_\_\_\_

**Library Name** \_\_\_\_\_

**Sponsor's Name if applicable** \_\_\_\_\_

**Sponsor's Email** \_\_\_\_\_

**Library Street Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Library Telephone Number** \_\_\_\_\_ **Fax** \_\_\_\_\_

Quantity	Size, Specify (2' or 3')	Commercial Price \$1,995 each (white funnels unless specified below)	Minus \$500 each ProjectKindness Grant	Your Portion
			–	
			–	

**Specify special color(s), if any:** \_\_\_\_\_ **+\$100 each** \$ \_\_\_\_\_  
 ([www.spiralwishingwells.com/prices/colors.html](http://www.spiralwishingwells.com/prices/colors.html))

**Sub-Total Cost of Wells** ..... \$ \_\_\_\_\_

**Other:** \_\_\_\_\_ \$ \_\_\_\_\_

**Other:** \_\_\_\_\_ \$ \_\_\_\_\_

**Shipping and Handling** ([www.spiralwishingwells.com/shipping](http://www.spiralwishingwells.com/shipping))..... \$ \_\_\_\_\_

**Total Cost and payment amount** ..... \$ \_\_\_\_\_

**Check #** \_\_\_\_\_ **Date it was/will be mailed:** \_\_\_\_\_  
 (The check must be mailed within 5 days of the placement of the order unless pre-arranged otherwise.)

*My signature below verifies I am authorized to place this order on behalf of the above-named library, that 100% of the Well's revenue will benefit the library or its programs or projects, and that no individual or business will receive any portion of the Well's revenue.*

**Authorized Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

**Date** \_\_\_\_\_