

ONTARIO MULTIFAITH COUNCIL ORDER FORM

The Ontario Multifaith Council (OMC) develops and makes available Multifaith resource materials for religious and spiritual caregivers, educators, and others involved in religious accommodation issues. OMCSOR is a not-for-profit, charitable organization committed to the development of Multifaith resources.

Ontario Multifaith Council, 789 Don Mills Road, Suite 208, Toronto, ON M3C 1T5 Tel: 416-422-1490, Fax: 416-422-4359 email: Sales@omc.ca

Individual Items	A. Item Cost	B. RST 8%	C. Quantity Ordered	D. Shipping one in Ontario *	E. Sub Total	F. For each Additional item add () per item
Multifaith Information Manual 4 th edition	\$23.95	N/A		\$4.50		\$2.00
Tent Cards (5 cards per pack) <i>Purchase 5 packages and get the 6th package free!</i>	\$ 2.50	\$0.20		\$1.50		\$1.00
The Golden Rule Poster	\$ 9.95	\$0.79		\$6.00		1.00
Houses of Healing	\$16.00	\$1.28		\$4.50		2.00
<p>To total the cost of the order add A + B x C + D = E (sub total) To calculate the shipping for each additional item add (F) multiplied by the number ordered to arrive at the TOTAL cost.</p> <p style="text-align: center;">OR</p> <p>Simply contact us for a quote. We are happy to provide quick, accurate quotes on purchases and shipping.</p> <p>Please Note: Charges to ship orders out of province, and orders that exceed (5) items , will be adjusted to reflect actual shipping costs. Please feel free to contact us for a quote at Sales@omc.ca</p>						<p>TOTAL Canadian Funds</p>
						<p>Large Order Shipping</p>

<input type="checkbox"/> I am enclosing a cheque/money order payable to the "Ontario Multifaith Council" <input type="checkbox"/> I have included a purchase order number and agree to pay in the term specified on the invoice that will accompany the order. <i>Purchase order number</i> _____	Please Complete the following if paying by <input type="checkbox"/> Visa or <input type="checkbox"/> MasterCard. Card Number: _____ Expiry Date: _____ _____ <i>(Print name as it appears on the card)</i> Signature
---	---

Ship to Name: _____ Organization: _____ Address: _____ City: _____ Prov: _____ Postal code: _____ Telephone: _____ Email: _____
