



CFPM DIABETES – CAWC PAMPHLET

Member Information:

Name: _____

Address: _____

City: _____ Prov: _____ PC _____

Phone: _____ Email: _____

_____ PACK (50 PAMPHLETS/PACK) X \$18 = _____

+ \$10.00 shipping = _____

Total = _____

+ 13% HST on Total = _____

GRAND TOTAL = _____

Payment:

Payment by cheque is enclosed. Please mail to CFPM, Suite 200, Richmond St East, Toronto, ON M5A 3S5

Payment in full by credit card. Please fax to 416-929-5256 OR email to office@cfpmcanada.ca

Payment Method: Visa Master Card American Express

Credit Card Number

_____/_____
Expiration (mm/yy)

Card holder Name

\$ _____

Card holder Signature

Date