

**The Compassionate Friends
Billings, Montana Chapter**

TCF Wrist Band Order Form

1. Please fill in your name, address and phone number below.

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

E-Mail: _____ (Optional)

2. Quantity: _____ x \$2 each = _____

3. If you wish your Wrist Bands be mailed to you, a postage & handling fee of **\$.50** per Wrist Band will be required. . There is no handling fee if you pick up the Wrist Bands at the next Monthly meeting.

4. Mail this form and your check payable to Compassionate Friends to:

Compassionate Friends
P.O. Box 50395
Billings, MT 59105

5. Please call 406-850-1558 if you have questions about your order.
We will contact you if we have any other questions.