



Catalog Order Form

If you have any questions,
please contact us:
Telephone – (510) 525-2744
Email – orders@californiastatehumane.org

Send Order Form To:
P.O. Box 2098
El Cerrito, CA 94530
FAX (510) 525-2772

Billing Information:

Name _____ Title _____
 Organization _____
 Street _____
 City _____ State _____ Zip _____
 Phone () _____ Ext. _____ Fax () _____
 Email _____

Shipping Information (if different than above):

Name _____ Title _____
 Organization _____
 Street _____
 City _____ State _____ Zip _____
 Phone () _____ Ext. _____ Fax () _____
 Email _____

Item #	Description	Quantity	Unit Price	Amount
Please note: All sales tax and shipping costs are included in the price.			TOTAL	\$

Payment Method:

- Check (please make checks payable to "SHAC")
- Purchase order # _____
- Credit card – *The name and billing address for the credit card must be entered under "Billing Information" above.*
 Type (please circle one): Visa / Mastercard / American Express / Discover

Card No. _____ Exp. Date _____ Signature _____