



DVD Order Form

Please complete and return with your full payment to:
**Colgate Rochester Crozer Divinity School, 1100 South Goodman St.,
Rochester, NY 14620**

Event: _____ Date: _____

Order Information:

_____ # of DVDs - \$15 for the first DVD, \$10 for each additional

_____ Mail Delivery/Handling - \$5 each	DVD total	\$ _____
	Delivery total	\$ _____
	Sub Total	\$ _____
New York State Residents, add 8% New York State Sales Tax		\$ _____
	Total	\$ _____

Mailing Information (please print clearly):

Name: _____

Address: _____

City, State, Zip Code: _____

Payment:

Please make check payable to Colgate Rochester Crozer Divinity School and mail payment with this order form to: **Colgate Rochester Crozer Divinity School, 1100 South Goodman St, Rochester, NY 14620**, or complete the information below to purchase with credit card. Please mail or fax to (585) 271-1477 attention, Kris Rimlinger. For further information, please contact the CRCDS main office at (585) 271-1320.

American Express Discover MasterCard Visa
 Card Number _____ Three Digit Security Code _____
 Expiration Date (MM/YY) _____
 Name as it appears on Card _____
 Billing Address _____ Zip code _____

**Please allow ten business days from the event date or receipt of paid order for pick up at Colgate Rochester Crozer Divinity School, Central Office-Strong Hall, First Floor, or

two to three weeks for mail delivery.**

www.crcds.edu