

Dignity Revolution Challenge Order Form

School Name _____

School Address _____

City

State

Zip

Contact Name _____

Contact Info _____

Email

Phone

Grade Level(s) _____ Number of Students _____ x \$3.00 = _____
Total Cost

Number of Teachers _____

Enter Credit Card information below:

CC #: _____ - _____ - _____ - _____

Expiration date (MM/YY): ____/____

Name on credit card (please print): _____

Signature: _____

Or Mail checks to:

Life Promotions
2030 American Dr
Neenah, WI 54956

Contact us with any questions or to discuss other payment methods.

