W.V.C.ED
www.wvced.com

Name: _____ Email: _____

Street: _____ P.O.# (if school order): _____

City: _____ State: _____ Zipcode: _____ Date: _____

**Send Order to:**
W.V.C.ED
c/o TruColor
2107 Laurens Road
Greenville, SC 29607

CustomerCare@wvced.com

| Quant. | Item # | **ITEM DESCRIPTION** | Price Per | Total |
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**Please pay via Check:**
**Check payable to:** W.V.C.Ed,Inc.
**Send Payment to:** P.O.Box 5478 Louisville, KY 40255

For credit card payment, please order and check out via WVCED.com

***Subtotal*** _____
Tax on Subtotal (KY Residents only) _____
Shipping: TBD (email for quote) _____

***Total*** _____

I **Use Black Ink! Use additional pages if your order does not fit on this page.**