

Parents Of Murdered Children, Inc.
2017 Ornament Order Form
PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION

1st IN A SERIES (2013) -- \$10.00 minimum donation each **PLUS \$2.00 each shipping/handling.**
Drop Heart Ornament 2013 _____ **Globe w/ Heart Inside** @ \$10 Ea. \$ _____ **S&H @ \$2 Ea. \$ _____**
Victim's Name _____ DOB _____ DOD _____
Or Supporter Name _____

2nd IN A SERIES (2014) -- \$10.00 minimum donation each **PLUS \$2.00 each shipping/handling.**
Building Block to Heaven Ornament 2014 _____ **Globe w/ Building Blocks** @ \$10 Ea. _____ **S&H @ \$2 Ea. \$ _____**
Victim's Name _____ DOB _____ DOD _____
Or Supporter Name _____

3rd IN A SERIES (2015) -- \$10.00 minimum donation each **PLUS \$2.00 each shipping/handling.**
Roll Your Luck 2015 _____ **Globe w/Dice** @ \$10 Ea. \$ _____ **S&H @ \$2 Ea. \$ _____**
Victim's Name _____ DOB _____ DOD _____
Or Supporter Name _____

4th IN A SERIES (2016) -- \$10.00 minimum donation each **PLUS \$2.00 each shipping/handling.**
Sunshine Here We Come 2016 _____ **Globe w/Sunshine** @ \$10 Ea. \$ _____ **S&H @ \$2 Ea. \$ _____**
Victim's Name _____ DOB _____ DOD _____
Or Supporter Name _____

5th IN A SERIES (2017) -- \$10.00 minimum donation each **PLUS \$2.00 each shipping/handling.**
Irvine, California 2017 _____ **Globe** @ \$10 Ea. \$ _____ **S&H @ \$2 Ea. \$ _____**
Victim's Name _____ DOB _____ DOD _____
Or Supporter Name _____

ATTENTION: For **EVERY** (2017) ornament you order you will be entered to **WIN** a **FREE** (2018) ornament... There will be (2) winners announced at the 2017 conference.

PLEASE NOTE: Return this form along with your donation to:

The National Organization -- Parents Of Murdered Children, Inc. (POMC)
Terri Prescott 2010 North Sunridge Street Wichita, KS 67235 E-mail: gnosec@msn.com
Questions?? **PLEASE** -- Call 440-221-7749

You may order as many ornaments as you would like. **Please make sure that you include:**
Shipping and handling for each ornament so they can be sent directly to your home **AFTER** the conference.

Your Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number w/Area Code: _____
____ Visa ____ MC ____ AMX ____ Discover Acct. #: _____ Sec. Code #: _____ Exp. Date: _____

Check or Money Order Also Accepted.

Print Card Holder Name: _____

TOTAL ENCLOSED \$ _____

ANY SPECIAL INSTRUCTIONS PLEASE INCLUDE ON SEPARATE SHEET