

Order Form

Date: _____

Ship To

(Please Print - Street Address only)

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Quantity	Description	Price Each	Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: _____

Shipping and Handling (please call for charges): _____

Total: _____

Ramakrishna-Vivekananda Center of New York
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