



Ride for Sight Gear Order Form

Name: _____
First name Last name

Address: _____
Street Number Street Name Apt Number City Province Postal Code

Phone Number: _____
Area Code Phone Number

Quantity	Item	Colour	Size	Price	Total	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
Please note that shipping is by Canada Post Ground. First item is \$5 and additional items are \$1 each.				Shipping	\$	\$
Prices are inclusive of taxes.				Total	\$	\$

Payment Options:

Cheque Enclosed *Please make all cheques payable to "Ride for Sight". Cheque Number: _____

Credit Card VISA MASTERCARD

Credit Card Number: _____ Expiry Date: _____ / _____

Cardholder Name: _____ Signature: _____

Please include this Order Form with your payment and send to:

**Ride for Sight
 890 Yonge Street, 12th Floor
 Toronto, Ontario M4W 3P4**

Please call 1.800.461.3331 if you have any questions.