



Order Form  
**Teddy Bears**  
 With Cleft Lip Repair Stitches

Our teddy bears, custom-made by GUND, are light brown, have black stitching at the lip, and have a tag attached to the ear with the Cleft Palate Foundation's toll-free number. Each bear measures 12 inches by 12 inches.

**Customer Information**

Name \_\_\_\_\_ Email \_\_\_\_\_

Shipping Address (Not a PO Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**When purchasing as a gift, please complete following section:**

Recipient Name \_\_\_\_\_

Shipping Address (Not a PO Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Receipt will be sent to the address listed under "Customer Information." Would you like us to include a personalized note with the gift?  Yes  No If so, please include your note below (no more than 4 lines).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Quantity of Bears \_\_\_\_\_ @ \$10 each =  
 Subtotal \_\_\_\_\_  
 Shipping (See Box) \_\_\_\_\_  
 Tax Deductible Donation to CPF\* \_\_\_\_\_  
**TOTAL** \_\_\_\_\_

**Shipping and Handling (Based on number of bears ordered):**

*NOTE: No shipping charges for orders in increments of 12.*

1-2	\$5.00
3-6	\$8.00
7-11	\$10.00
13-23	\$20.00
25-35	\$25.00

Over 36 and International, please call for Rate

**Prepayment is required.** If you chose to pay with a credit card, please enter your information below. Please make checks payable to the Cleft Palate Foundation.

**\*We welcome donations to the Foundation.** If you would like to make a donation in honor or in memory of someone, please include their name below. If your donation is in **honor** of someone, please also include their mailing address, and we will let them know that a gift has been given in their name. If you are making a donation in **memory** of someone, include the family's name and mailing address, and we will let them know of the gift made in memory of their loved one.

**Honor**  **Memorial** Name: \_\_\_\_\_  
 Address/Family Name and Address: \_\_\_\_\_

**Credit Card Payment:**  Visa  Mastercard Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Signature: \_\_\_\_\_