

**Order Form
for
DAYPLANNER**

Name: _____

Organization: _____

Address: _____

Tel: _____ Fax: _____ Email: _____

FREE SHIPPING AND HANDLING

I would like to receive _____ boxes of the DayPlanner.
(32 copies per box)

Please tell us about your organization and how you plan to distribute the DayPlanners.

Please return this form to the address below.

Canadian Foundation for Economic Education
110 Eglinton Avenue West, Suite 201
Toronto Ontario M4R 1A3
Telephone (416) 968-2236 • Fax (416) 968-0488
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