



1504 East Franklin Street, Suite 102
Chapel Hill, NC 27514

OFFICE (919) 933-9044 FAX (919) 933-9604 EMAIL info@Cleftline.org

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/Billing Information

Name _____ Email _____

Shipping Address (Not a PO Box) _____

City _____ State _____ Zip _____ Phone _____

When purchasing as a gift, please complete following section:

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).

Please **fax this form** to the Cleft Palate Foundation at 919.933.9604 or **mail this form** to Cleft Palate Foundation; 1504 East Franklin Street, Suite 102; Chapel Hill, NC 27514.

Quantity of Bears _____ @ \$10 each =
Subtotal _____
Shipping (See Below) _____
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.** To make a donation in honor or in memory of someone, please include their name below. If your donation is in **honor** of someone, 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: _____



Hope and Help are **on the line.**

800-24-CLEFT | www.Cleftline.org