

Five Ways to Order

Email: orders@thoughtfullearning.com
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Thoughtful Learning
P.O. Box 669
Lake Geneva, WI 53147

Online:
k12.thoughtfullearning.com

Bill to:

Full Name _____

Position _____

School or District _____

School Address _____

City _____ State _____ ZIP _____
() ()

School Phone _____ School Fax _____

Email Address _____

Ship to: (if different)

Full Name _____

Position (Specify Grade Level) _____

School or District _____

School Address _____

City _____ State _____ ZIP _____
() ()

School Phone _____ School Fax _____

Email Address _____

Payment Method:

Purchase Order # _____

Check Check No. _____
Make checks payable to: Thoughtful Learning

Credit Card



Credit Card # _____

Exp. Date (Mo./Yr.) _____ CVV (3 or 4 digital code) _____

Authorized Signature _____

ISBN	Description	Qty	\$ Each	Total

Add 15% to cover standard shipping and processing costs (minimum charge of \$15.00)	Subtotal	
	Shipping	
	Sales Tax (if applicable)	
	TOTAL	\$

