



Order Form

Name _____

Ship To Address _____

City _____ State _____ Zip _____

Nonprofit _____ Day Phone _____

eMail _____

- Cost – **Individual In NV: \$281.08** = \$247 + \$19.08 NV tax + \$15 shipping/handling
- Cost – **Individual Outside NV: \$262.00** = \$247 + \$15 shipping/handling (no tax)
- Cost – **Nonprofit: \$262.00** = \$247 + \$15 shipping/handling (no tax)

Check # _____ Purchase Order # _____ (enclosed)

Make check or purchase order payable to “**4Grants.Net**”

Mail Order Form & Check (Or Purchase Order) to:

4Grants.Net
1344 Disc Drive Suite 281
Sparks, NV 89436

Referred By _____