

– Dolphin Breath® CD Order Form –

Mail this completed form to:

EnergyTouch  
P.O. Box 158  
Lowell, MI 49331



Yes, I attended a Dolphin Breath® Workshop

in \_\_\_\_\_  
(city)

Please send the 2-CD set @ \$22.

Total amount enclosed \$ \_\_\_\_\_

Billing Information

Payment:  Check # \_\_\_\_\_ Credit Card:  MasterCard  VISA  American Express  DISCOVER

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date MM / YY

\_\_\_\_\_  
Print the name of the Credit Card holder

\_\_\_\_\_  
Signature of Credit Card holder authorizing one withdrawal from this Credit Card.

\$ \_\_\_\_\_  
Total authorized amount in US Dollars

Shipping Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State / Zip