



CD ORDER FORM

Name _____

Address _____

Phone _____ * E-mail _____

* Please provide your e-mail address if you would like to receive concert announcements.
Rezound! will not share any of your information with any other entity.

Please send me _____ copies of the CD *Rezounding Impressions*
@ \$15 each _____

Please send me _____ copies of the CD *Christmas with Rezound!*
@ \$15 each _____

Please send me _____ copies of the CD *The Sound of Rezound!*
@ \$15 each _____

Shipping [\$3 for the first item; add \$1 for each additional item]

Total \$ _____

(Make checks payable to Rezound!, Inc.)
Please allow 3 weeks for delivery.

Send this form, with payment, to:
Rezound! Handbell Ensemble
P.O. Box 1803
Blue Springs, MO 64013-1803

For more information:
816-866-RING (7464)
contact@rezound.org
www.rezound.org