



## GROUP ORDER FORM

Please email completed form to [info@compasstocare.org](mailto:info@compasstocare.org) or fax to (312) 276-4524

GROUP CONTACT: \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_

GROUP/COMPANY NAME: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

SHIPPING CITY, STATE ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NUMBER OF LACES NEEDED: \_\_\_\_\_

FORM OF PAYMENT: \_\_\_\_\_

DATE LACES NEED TO BE DELIVERED: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please don't hesitate to contact us!**

[info@compasstocare.org](mailto:info@compasstocare.org)  
[www.compasstocare.org](http://www.compasstocare.org)  
Chicago Office: 773-657-3269  
Dubuque Office: 563-231-0458