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Tamarack Products Order Form

Please send me _____ copies of _____

First Name: _____ Last name: _____

Organization: _____

Billing Address: _____

City: _____ Prov/State: _____ Postal Code/Zip: _____

Tel: _____ Fax: _____ Email: _____

Credit Card type: MasterCard Visa

Card Number: _____ Expiry Date: _____

Name of Cardholder: _____

Cardholder signature: _____

Ship to: Same as above Address below

First Name: _____ Last name: _____

Organization: _____

Billing Address: _____

City: _____ Prov/State: _____ Postal Code/Zip: _____

Tel: _____ Fax: _____ Email: _____

Thank you for your order!

We will be in touch with you to confirm your total, including tax and shipping, before processing. Once your order has been confirmed, your package will ship within two business days. Please note that delivery times will vary based on location.

Please fax completed form to Tamarack at 519-885-4454.