

## Video Order Form

Please print and mail completed form to:  
Community Network Services – Anti-Stigma Program  
279 Summit Drive, Waterford, MI 48328

- Please send me a DVD copy of “Did You Know”
- Enclosed is my suggested donation\* of \$10.00 to cover shipping and handling
- Enclosed is my additional donation of \$ \_\_\_\_\_ to support the Anti - Stigma Program in their efforts to “Stomp Out Stigma”

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

\*Donations are payable to:  
Community Network Services – Anti-Stigma Program

## Community Network Services Anti-Stigma Program



Thank you for your support – The Anti-Stigma Team