



Niroga Store Purchase Form

| Item # | Item Description | Quantity | Price Each | Total |
|--------|------------------|----------|------------|-------|
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* Tax is included in the price of each item. Shipping is free.

Item Subtotal:
 Donation to Niroga:
 (optional)
TOTAL:

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Payment Information

Payment Method: Visa / Mastercard / Check (Payable to: Niroga Institute)

Card Number: _____ Expiration Date: _____

Cord Holder's Name: _____ Verification # (3 digits): _____

Billing Address (We do not sell, rent, or share information with any third parties.)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Shipping Address (If different from Billing Address)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mail OR Fax the form to Niroga (If you fax the form, please pay by credit card)

Mail to:
 Niroga Institute
 111 Fairmount Ave
 Oakland, CA 94611

OR

Fax to:
 (510) 451-3004