



REPLACEMENT CERTIFICATE ORDER FORM

Name (as listed on original certificate): _____

Certificate Number: _____

Street Shipping Address (for UPS Delivery): UPS does not deliver to P.O. Boxes

Street Address: _____

Address Line 2: _____

City: _____ State/Province: _____

Zip Code/Postal Code: _____ Country: _____

Email Address: _____ Primary Phone: _____

Payment: \$15/certificate **Quantity:** _____ **Total Due:** _____

() I will pay by check (*payable to HMDCB*) Check Number: _____

() I will pay by (*select one*): VISA MasterCard Discover American Express

Credit Card Number: _____

Expiration Date: _____

Signature: _____ Date: _____

**Submit signed forms and payment by mail, email, fax, or
call HMDCB to submit your order:**

P.O. Box 3781
Oakbrook, IL 60522

info@hmdcb.org || f: 847.375.6739 || p: 847.375.6740