



Audio/Video Duplication Order Form

Name/Organization: _____ Date: _____

Mailing Address: _____
Street City State Zip

Please Select: Pickup at Chancery or Shipped to Address Above

Phone: () _____

Email Address: _____

Title of Master/Program: _____

Copies (Please Select format and # of copies)

- Audio Cassette (# of copies) _____ x **\$5/copy** (\$6/copy with shipping)
- Audio CD's (# of copies) _____ x **\$7/copy** (\$8/copy with shipping)
- VHS videotape (# of copies) _____ x **\$7/copy** (\$8/copy with shipping)
- DVD video (# of copies) _____ x **\$10/copy** (\$11/copy with shipping)

Total cost \$ _____

*Please mail check with order form and make payable to:

Catholic Diocese of Cleveland, Office of Communications, 1027 Superior Avenue, Cleveland, OH 44114.



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