

Co-Dependents Recovery Society Order Form

updated 2010-26-04

	DESCRIPTION	QUANTITY	PER UNIT*	TOTAL
1102C	CoDA Book - Soft Cover		25.00	
6005	12 Steps and Traditions Workbook		25.00	
7005F	In This Moment Daily Meditation Book		25.00	
	PAMPHLETS			
1002	Am I Co-Dependent		0.75	
1003	Attending Meetings		0.75	
4001	Welcome To CoDA		0.75	
4004	Sponsorship in CoDA		0.75	
4005	Starting a new CoDA Meeting		0.75	
4007	Using the Twelve Traditions		0.75	
4010	What Is CoDA?		0.75	
4104	Establishing Boundaries		0.75	
4106	Communications and Recovery		0.75	
	BOOKLETS			
4013	12-Step Handbook		6.50	
4016	Tools For Recovery		6.50	
4017	Common Threads of Codependency		6.50	
4018	Experience With Crosstalk		6.50	
4019	Making Choices Handbook		6.50	
4020	Carrying the Message - Living the Twelfth Step		6.50	
4021	Peeling the Onion		6.50	
4022	BUILDING CODA COMMUNITY, HEALTHY MEETINGS MATTER		6.50	
4101	Newcomers Handbook		6.50	
4102	Sponsorship Handbook		6.50	
	MISCELLANEOUS			
4199	CDRS Serenity Bookmarks		2.00	
7001	Affirmation Booklets		3.00	
9015	Medallions (Mark What Years) 1 -20		6.50	
	Total Literature Order			
	DONATION: Co-Dependent Recovery Society			
	DONATION: Co-Dependents Anonymous Inc			
	Donation: CoDA Canada			
	TOTAL OF ORDER			\$

* Prices subject to change without notice. | Storage, Handling, Applicable Taxes & Parcel Post Charges Included

Ordering Guidelines

All orders must include a payment.

- Visa, Master Card, Money Order or Cheque.
 - All sales final. No returns allowed.
 - Order by Mail or Fax only. No C.O.D. orders Please.
 - Money Orders or Cashier's cheque payable in Canadian Dollars
 - Order discrepancies must be reported within thirty days of receipt of order.
 - Please keep a copy of the completed order form and payments for your records.
- Please allow 2 to 3 weeks for delivery.

Send order form to:
Co-Dependents Recovery Society

P.O. Box 306, Stn. Main
Surrey, B.C.
V3T 5B6
FAX 1-604-777-4890
Website – cdrs.ca

mailto:literature_orders@cdrs.ca

CHEQUES must be cleared before shipment, allow 15 days

Ordered by _____

Email _____

Group # CA _____ Phone # (_____) _____ - _____

Group Name _____

Shipping Address _____

City _____ Province _____ Postal Code _____

Credit Card Name:

MC or Visa # _____ | _____ | _____ | _____ Exp ____/____