

Please enroll me in your Orchid of the Month Club.

Please send it to:

Kawamoto Orchid Nursery
2630 Waiomao Road
Honolulu, Hawaii 96816
Phone (808) 732-5808 Fax (808) 732-5572
E-mail: orchids@kawamotoorchids.com
Homepage: <http://www.KawamotoOrchids.com>

Date: _____

Sold to: _____ Ship to: _____

Phone: (_____) _____ Phone: (_____) _____

Payment Information (Payment in full with Order):

Check Enclosed
 Visa MasterCard American Express Discover

Card # _____ Expiration Date _____

* If you are planning to give the Orchid of the Month Club as a Gift, please let us know what message you wish to have on the card. (Message):

For security purposes we ask that you do not e-mail your orders to us.
Please mail, fax, or call orders in.
If you have any questions, call us at (808) 732-5808, fax us at (808) 732-5572,
or e-mail us at orchids@kawamotoorchids.com