



**THE
BRANDI
PROJECT**

A lifeline for shelter dogs

The Brandi Project Return Form
Please MAIL all RETURNS or EXCHANGES to
The Brandi Project
Return / Exchange
226 Cowesett Ave
West Warwick, RI
02893

Name: _____

Zip: _____

Address: _____

Order #: _____

City: _____

Phone #:(_____-)_____

State: _____

Email: _____

ACTION DESIRED
Check appropriate box

☐ Please replace

☐ Please exchange

☐ Please refund

☐ Other (Please explain):

REASON
Check appropriate box

☐ Defective

☐ Wrong Merchandise Ordered

☐ Wrong Merchandise Sent

☐ Other (Please explain):

Please sign: _____

Date: _____