

Med•Guide Order Form

Item	Quantity	Cost \$2 PER MED•GUIDE	Total
Med•Guide	_____	x \$2 =	=

+ Shipping & Handling (Select One) 1-2 Books Ordered + \$2⁵⁰ _____
 3-5 Books Ordered + \$2⁷¹ _____
 6-10 Books Ordered + \$3³¹ _____
Total Amount: _____

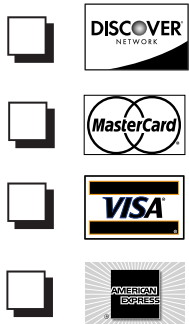
PAYMENT OPTIONS:

Check Enclosed Mail Check and Order Form to:

Word Publications
P.O. Box 723
Tahoka, TX 79373

Pay by Credit or Debit Card Fill in information below & mail to:

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Card Number: _____	
Expiration Date: _____	V-Code: _____ (3 digits on back of card)
Amount: _____	Zip: _____
Card Billing Address: _____	

Your credit card will be charged by **Word Publications**,
 (For security reasons to protect you, we do not recommend sending this information via the Internet.)

Mail Med•Guides to:

Name: _____

 Mailing/Street Address: _____

 City: _____ State: _____ Zip _____

