

Otherwise Healthy/Med Info to Go Order Form

Bill To: Name _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____

E-mail Address _____

____ # of books at \$29.99 \$ _____

NYS residents add 8.00% sales tax per book (\$2.40) _____

____ Shipping and Handling per book (\$9.75) _____

____ # of Med Info to Go at \$2.00 (sent postage free) _____

Total Due \$ _____

Ship To (If different from billing address):

Name: _____

Address: _____

City _____ State _____ Zip _____

Payment Option 1: Make your check or money order payable to At the Pond Publishing.
Personal checks will take ten days to process.

Payment Option 2: Credit card payment: Visa _____ MasterCard _____

Card Number: _____ Expiration Date ____/____

Name on credit card _____ 3 digit Security Code _____

Card holder billing address should match bill to address above.

Mail this completed form (enclose a check or complete credit card info) to:

At The Pond Publishing P.O. Box 420, Slingerlands, NY 12159