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ADVOCACY AND WELL BEING

2012 Directory Order Form

Please send ___ copies of the 2012 directory @ \$55 per directory.

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PAYMENT INFORMATION:

I have enclosed a check in amount of \$_____.

Please bill my credit card

Check card type: _____ VISA _____ MC _____ AMX _____

Card Number: _____

Name on Credit Card: _____

Signature: _____ Exp. Date _____

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Company: _____

Contact Person: _____

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PLEASE RETURN FORM BY MAIL OR FAX

MAIL:

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