

## MAILING INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**PHF Federal Identification Number:**

**52-1237297**

DC and Maryland tax exempt organizations must provide their tax exemption number with order. Prices subject to change without notice. Please allow two weeks for delivery.

## PAYMENT INFORMATION

Check: Full payment enclosed

*Please make check payable to Public Health Foundation.  
US dollars only.*

Charge my account:  Visa  MasterCard

American Express  Discover

Name on account: \_\_\_\_\_

Account number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

### SHIPPING FEES

Number of items	U.S.	Canada	International
1-2	\$7.50	\$9.00	Call
3-5	\$10.00	\$13.25	Call
6-15	\$15.00	\$19.00	Call
16-25	\$23.00	\$28.00	Call
26-50	\$45.00	\$49.00	Call
51-75	\$70.00	Call	
76+		Call	

Item Number	Title of Publication	Quantity	Unit Price	Total

**Subtotal** \_\_\_\_\_

**Add shipping charges** \_\_\_\_\_

**DC and Maryland residents add 6% tax** \_\_\_\_\_

**Total** \_\_\_\_\_