



BOOK ORDER FORM

BILLING ADDRESS

Name: _____

Address: _____

City, State, Zip _____

Home Phone: _____

Cell Phone: _____

Email: _____

SHIPPING ADDRESS (if different)

Name: _____

Address: _____

City, State, Zip _____

ORDER INFORMATION

NUMBER OF BOOKS: ____ @ \$12.95 = \$ _____

PAYMENT OPTIONS:

Check Enclosed – Amount: _____

Cash Enclosed – Amount: _____

Credit Card

Please Charge \$ _____ to my Visa MC Discover AmEx

Name on card: _____

Expiration date: _____ CSV Code: _____

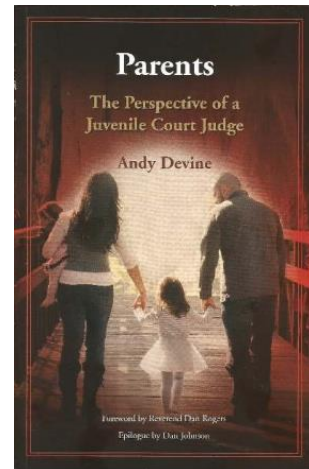
Telephone number associated with this card: _____

Signature: _____

(required for all payment options)

Please return this form to:

Mary Arquette, Vice President
Institutional Advancement
6832 Convent Blvd.
Sylvania, OH 43560



THANK YOU FOR YOUR ORDER