

Publications Order Form

Date: _____

Quantity	Description	Price Each	Amount
		Subtotal	
		Shipping	
		Total	

Method of Payment: Check/MO Charge (VISA MC American Express) Other

Credit Card Account # _____ Exp.: / / thru / /

Credit Card Security Code (what's this?) _____

Card Holder Name: First _____ MI _____ Last _____

Billing Information

Name: _____

Company: _____

Address: _____

City: _____

ST: _____ Zip: _____

Phone: () _____

FAX: () _____

Email: _____

Shipping Information

Name: _____

Company: _____

Address: _____

City: _____

ST: _____ Zip: _____

Phone: () _____

FAX: () _____

Email: _____

Ordering Instructions

By Phone: You can order by phone and pay with credit card at 202-797-4346

By Fax: Fax a copy of this form to us any time, 24 hours a day at 202-265-8027

By Mail: Mail a copy of this form and include a check, money order, and/or purchase order payable to:
The National Alliance for Hispanic Health • 1501 16th Street, NW • Washington, DC 20036