

Publications Order Form

ITEM #	TITLE / DESCRIPTION	QUANTITY	PRICE	TOTAL
BILL TO:			Subtotal	
Name:		Purchase Order Number:	Less discount	-
Organization:		Tax ID # (non-profit agencies):	Tax	
Address:		Phone:	Shipping use total prior to discount	
City:	State:	Zip:	TOTAL	
SHIP TO:			For Office Use Only Date Shipped: <i>Partial</i> Complete	
Name:				
Organization:				
Address:		Phone:		
City:	State:	Zip:		

Method of Payment:

Check or Money Order (enclosed)
 Purchase Order (include PO #)
 Visa
 MasterCard

Credit Card Account # _____ **Expiration Date:** _____

Signature _____

Submit completed order form by mail or fax to:

American Lung Association® of Ohio
 226 State Route 61
 Norwalk OH 44857
 Phone: (419)663-5864; Fax: (419)668-2575