

Mail Order Form



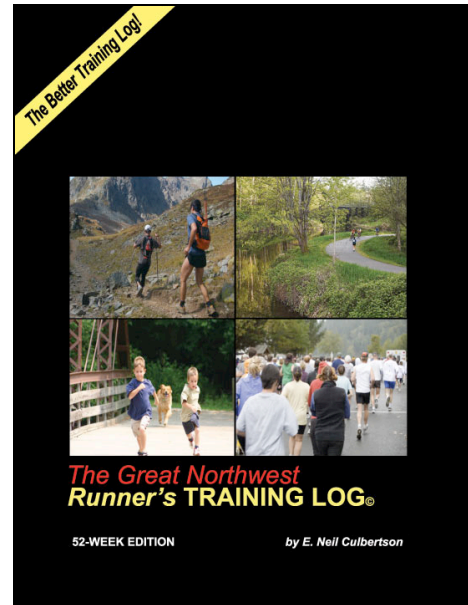
- * Pay by Personal Check
- * Or, by Money Order
- * Please do not send Cash

Mail To:

Patient Endurance Publications
P.O. Box 338
Hagatna, Guam 96932

Check Payable to:

Patient Endurance Publications



Name: _____ Date: _____

Mailing Address (Street or P.O.): _____

City: _____ State/Prov.: _____

Zip or Postal Code: _____ E-mail: _____

Phone: _____ (Home or Daytime)

MY ORDER:

Please review web site instructions to calculate shipping & handling costs.

Number of logs: _____ X \$9.00 each = _____

Shipping & Handling Costs + _____

Total Amount Enclosed for this Order _____

**INCLUDE THIS ORDER FORM WITH YOUR PAYMENT
YOUR ORDER WILL SHIP AS SOON AS YOUR PAYMENT ARRIVES. THANK YOU!**