

# My Healthy Child 2012 Growth Calendar<sup>®</sup>

## ORDER FORM

*Yes....* I would like to order the *My Healthy Child 2012 Growth Calendar<sup>®</sup>*

### SHIPPING INFORMATION

Contact Name \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Address 1 \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

### BILLING INFORMATION (if different than shipping)

Contact Name \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Address 1 \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

QUANTITY	PRICE	ORDER AMOUNT
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Shipping is included in price. Minimum order is 25 calendars.  
 Please call with questions!

25-99 Growth Calendars @ <del>\$1.50</del> <b>\$0.70</b> each	_____ x <b>\$0.70</b>	= \$ _____
100 Growth Calendars @ <del>\$1.30</del> <b>\$0.70</b> each	<b>\$70.00</b>	_____
250 Growth Calendars @ <del>\$1.15</del> <b>\$0.70</b> each	<b>\$175.00</b>	_____
500 Growth Calendars @ <del>\$.95</del> <b>\$0.80</b> each	<b>\$350.00</b>	_____
1,000 Growth Calendars @ <del>\$1.85</del> <b>\$0.70</b> each		_____
# of 1,000s _____ @ <b>\$700.00</b> per thousand		_____
	Subtotal	_____
	Sales Tax 6% for all Michigan orders	_____
	<b>TOTAL ORDER</b>	_____

### PAYMENT INFORMATION

#### METHOD OF PAYMENT:

Payment is enclosed - make checks payable to:  
 Healthy Child Publications

Mastercard/Visa

Credit Card Number

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

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

Card Holder's Signature:

Invoice/purchase order

Purchase Order # \_\_\_\_\_

*My Healthy Child 2012 Growth Calendar<sup>®</sup>*  
 will be available for shipping in  
 November 2011.

*Healthy Child Publications*

P.O. Box 624

Harbor Springs, MI 49740

Fax (231) 526-0428

Phone (231) 526-6342 or 877-258-6178

[www.healthychild.net](http://www.healthychild.net)

*Order Yours Today!*

