

Staying Well Order Form
Check or Money Order Payment

No. of booklets ordered: _____ Cost: _____ S&H: _____
Total Charge: _____ Amount enclosed: _____

Credit Card Payment

First Name: _____ Last Name: _____
Billing Address: _____

Shipping Address (if different from above): _____

Phone: _____ Email: _____

Credit Card: Visa _____ MasterCard _____ Discover _____

Credit Card No.: _____

Expiration date (MM/YY): _____

No. of booklets ordered: _____ Amount to be billed: _____

Signature: _____

Please send payment to DWCO, P.O. Box 355, Florence, CO 81226-0355.