



Abstinence America

Fax/Mail Order Form

DATE: _____

SEND TO: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact person: _____

E-mail: _____

Phone: _____

Quantity	DESCRIPTION	UNIT PRICE	TOTAL
			+ \$2.00 S/H per CD
		TOTAL	

Check Cash Money Order
 Visa MasterCard Discover American Express

Credit Card #: _____

Expiration Date: _____

Print Name: _____

Signature _____

(as it appears on card)

Mail to: 9639 Hilcroft Avenue, #893 ? Houston, Texas 77096

713-669-8503 PH ? 713-669-9105 FAX

sales@abstinenceamerica.org

All orders shipped within 5 days.

“My children are being destroyed from a lack of knowledge.”