

# My Healthy Child 2010 Growth Calendar<sup>®</sup>

## ORDER FORM

*Yes....* I would like to order the *My Healthy Child 2010 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 10 calendars.  
 Please call with questions!

10-99 Growth Calendars @ \$.50 each	_____ x \$1.00 = \$	_____
100 Growth Calendars @ \$.50 each	\$ 85.00	_____
250 Growth Calendars @ \$.50 each	\$200.00	_____
500 Growth Calendars @ \$.50 each	\$375.00	_____
1,000 Growth Calendars @ \$.50 each		_____
# of 1,000s _____ @ \$500.00 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 2010 Growth Calendar<sup>®</sup>*  
*will be shipped right away!*

*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!*

