

Cancer Report Order Form

Please send _____ copy(s) of the *Cancer Report* for \$29.95 each or save 40% by getting a case of 11 for \$197.67

Add S/H: 2-3 day delivery 1 Report \$8.85 ♦7-10 day delivery 11 Reports \$18.50

Check payment option below that applies to you.

Enclosed is a check or money order payable to:

Change Your World Press for \$ _____

Charge \$ _____ to credit card

Credit Card Information:

Visa - Master Card - Discover (circle one)

Card Number _____

Name as it appears on card: (please print clearly)

Expiration Date _____

Signature (if not card holder) _____

Billing Address for Credit Card:

Name _____

Address _____

City _____ State _____ Zip _____

Phone (include area code) _____

Email _____

for newsletter & updates. (Your email will not be sold or shared)

Ship Cancer Report(s) to:

Name _____

Address _____

City _____ State _____ Zip _____

(If shipping outside the USA, please call or email for order information)

To Order:

Visit www.cancer-report.com

Or email order (with credit card information) to: ordernow@cancer-report.com

Or call: 239-530-1376 or fax order form to: 239-530-1375

Or mail order form and payment to:

Change Your World Press

PO Box 9211

Naples, FL 34101