MISSISSIPPI ACADEMY OF FAMILY PHYSICIANS FOUNDATION

Foundation Order Form

Name: _____

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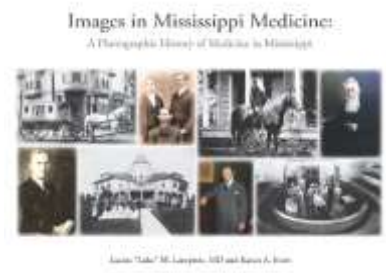
Item		Quantity	Cost	Total
	**'Family Medicine Strong' Watercolor Print**		$100.00 ea	
Shipping Charge for Each Print Ordered			$10.00 ea	
	**'Images in Mississippi Medicine' Book**		$50.00 ea	
Shipping Charge for Each Book Ordered			$10.00 ea	
			TOTAL DUE:	

Method of Payment: _____ Check Enclosed _____ Credit Card (complete form below) ____ Cash

Name as Printed on Card:	
Billing Address:	
Billing City/State/ZIP:	
Type of Card: ___ American Express ____ Discover ___ MasterCard ___ Visa	
Card Number:	Expiration Date:
Authorization Number: (3 digits on back, or 4 digit on front of AmEx):	Amount of Payment: $
Signature:	

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