



Providing Hope and Quality of Life for Amputees Since 1948

P. O. Box 8313
 Houston, Texas 77288-8313
 Phone 713-524-3949
 Fax 713-524-3915

Date: ___/___/___

Invoice # _____

Payment must accompany order

	Quantity	Cost
<i>A Manual for Below the Knee Amputee</i>		
<i>A Manual for Above the Knee Amputee</i>		
Totals		
Shipping		
Amount Due		

Shipping _____

Wgt. _____

1 – 9	\$3.00	<i>\$5.00 S&H</i>
10 – 99	\$2.50	<i>\$8.00 S&H</i>
100 – UP	\$2.00	<i>\$10.00 S&H</i>
Any Combination		

Ship To: (We ship via UPS, No PO Boxes Please)

Company Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Method of Payment:

- Check*
 Visa *Mastercard* *Discover* *American Express*

Exp. Date ___/___ *Printed Name on Card* _____

Card Number _____ - _____ - _____ - _____

Signature: _____