

# ***Coping<sup>®</sup> with Cancer***

## **Subscription Request Form**

Print this form, fill it out and place in an envelope along with your check, money order or credit card information, and mail to Coping<sup>®</sup> with Cancer, P.O. Box 682268, Franklin, TN, 37068-2268. For fast credit card service, fax this form to (615) 794-0179. For phone orders, call (615) 791-3859 from 8:30am - 4:30 pm CT, Monday – Friday.

Please note: Forms received without payment or credit card information cannot be processed.

Name:

---

Organization:

---

Phone Number:

---

Mailing Address:

Credit Card Billing Address (if different):

---

City:

---

City:

---

State and Zip:

---

State and Zip:

---

Country:

---

Country:

---

- USA \$19 for one year (6 issues)
- USA \$35 for two years (12 issues)
- Canada/Foreign \$35 (U.S.) for one year (6 issues)
- Canada/Foreign \$68 (U.S.) for two years (12 issues)
- This is a renewal**

---

Payment Enclosed

Please charge to my  Visa     MasterCard     American Express

Card Number:

---

Card Expiration Date:

---

Security code:

---

Signature:

---

Date Signed:

---

---