

Order Form

Please print, fill out, and return with check or money order payable in US funds to **Julia Brayshaw**.

Mail to:

**Medicine of Place
424 38th Ave. NE
Olympia, WA 98506**

(please print)

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE (with area code) _____

EMAIL _____

(Your information will be used to facilitate your order only. It will NOT be shared with anyone.)

Qty	Item	Unit Price	Total
_____	Book and Card set	\$29.99	_____

_____ **Tax** (WA residents add 8.5%=\$2.56/set)
 _____ **Shipping and Handling** (\$5/1st 2 sets)
 _____ **GRAND TOTAL**

Thank you for your order!

for questions or more information, please contact:

Julia Brayshaw
360.956.9285
juliamb33@hotmail.com