

DEVELOPMENTAL MUSIC HEALTH SERVICES ORDER FORM

SOLD TO:

Name: _____

SHIPPED TO:

Name: _____

Address: _____

Address: _____

Email: _____

Email: _____

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
		SUBTOTAL	
		TAX	8.87%
		SHIPPING	
		<i>Shipping in the USA: \$3.98 1-4 books</i> <i>International shipping: \$24.00 1-2 books</i>	
			TOTAL DUE

DIRECT ALL INQUIRIES TO:

Developmental Music Health Services
 516-362-6009
 email: info@dmhmusictherapy.com

MAKE ALL CHECKS PAYABLE TO:

Developmental Music Health Services
 PO Box 1711
 North Baldwin, NY 11510 USA

PAY BY CHECK

Enclosed is my check for: \$ _____

PAY BY CREDIT CARD

Please charge the amount due to my Visa MasterCard AMEX Discover Card

Name on Card: _____ **Exp. Date:** _____

Card Number: _____ **Security code:** _____

Signature: _____ **Date:** _____