



ANTHC Credit Card Payment Form

I, _____, authorize ANTHC to charge my:

Visa Discover Master Card American Express

Card # _____ Security Code: _____ Expiration (mm/yyyy): _____

Quantity:	Publication:
_____	<i>Traditional Food Guide for the Alaska Native People (30-0013-02-01)</i>
_____	<i>Traditional Food Guide Activity Book (30-0013-02-01)</i>
_____	<i>Alaska's Traditional Foods for a Healthy Lifestyle (30-0013-02-01)</i>
_____	<i>Palliative Care Booklet or Booklet/DVD combo (30-0025-02-01)</i>
_____	<i>Palliative Care Poster (30-0025-02-01)</i>

Office use only:

Quantity:	Poster:	Quantity:
_____	<i>Mind, Body, Spirit (pgs. 4 & 5)</i>	_____ <i>Mind, Body, Spirit (pgs. 4 & 5)</i>
_____	<i>It's about living (pg. 12)</i>	_____ <i>It's about living (pg. 12)</i>
_____	<i>Grief (pg. 26)</i>	_____ <i>Grief (pg. 26)</i>

Shipping and handling will be added to each order. All orders are shipped via US Postal Service flat rate shipping.

Cardholder name: _____

Credit Card _____

Billing Address: _____

Mailing Address: _____

Contact Phone: _____ Email: _____

Signature: _____

Please deliver, fax or email completed form to:
Alaska Native Tribal Health Consortium | ATTN: Cancer Program
3900 Ambassador Drive, Suite 401, C-DHSS
Anchorage, Alaska 99507-1262
Fax: (907) 729-3652 | cancer@anthc.org