

Al-Anon Service Center of Tidewater Literature ORDER FORM

GROUP NAME: _____ GROUP NO.: _____ DATE: _____

I. CALCULATE THE TOTAL COST OF YOUR ORDER

Please use the Al-Anon Literature Order Form (S-16) to select literature and calculate the subtotal of your order.

Add the column totals from S-16 to the corresponding spaces below, then include shipping, sales tax (if you are a Virginia resident), and donation to the ASCT (optional) to determine the grand total for your order.

TOTAL FROM COLUMN A: _____
TOTAL FROM COLUMN B: _____
TOTAL FROM COLUMN C: _____
TOTAL FROM COLUMN D: _____
TOTAL FROM COLUMN E: _____
TOTAL FROM COLUMN F: no charge
SUB-TOTAL: _____

SHIPPING: _____
(Shipping Rates: \$0.00 - \$80.00 = \$7.00;
\$80.01 and over = 9% of sub-total)

SALES TAX: _____
(Virginia residents add 6% sales tax)

DONATION TO THE ASCT: _____
(Optional - Thank you for your contribution!)

GRAND TOTAL: _____

II. SHIPPING INFORMATION

Where would you like us to ship your order?
(Please print)

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
EMAIL: _____

Check here if you will pick up your order from the service center.

III. PAYMENT METHOD

- Check here if you are paying by CASH.**
In-person pick-up only
- Check here if you are paying by CHECK.**
Please make checks payable to:
ASCT
4968 EUCLID RD., SUITE H
VIRGINIA BEACH, VA 23462
- Check here if you are paying by CREDIT CARD.**
You can call in your credit card information, bring your card to the service center or enter it below for mail orders.

PLEASE DO NOT E-MAIL THIS FORM IF IT INCLUDES CREDIT CARD INFORMATION. EMAIL IS NOT SECURE.

Credit Card Type:

- VISA
- MASTERCARD
- DISCOVER

Name on Card: _____

Credit Card Number _____

Exp. Date (MM/YY) ____/____

CVC/CVV Code _____

(Usually located next to your signature on the back of the card)

BILLING ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

THANK YOU FOR YOUR ORDER!

Office Use Only

Check Total: _____

Date: _____

Order No.: _____