

**AL-ANON SERVICE CENTER
OF TIDEWATER
LITERATURE ORDER FORM**

GROUP NAME & # _____
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 sub-total 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 _____

COLUMN F (no charge)

SUB-TOTAL FROM FORM S-16 _____
SHIPPING _____

**(Shipping Rates: \$0.00 - \$70.00 = \$5.00;
\$70.01 and over = 7% of sub-total)**

SALES TAX _____

(Virginia residents add 5% 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 CODE _____ PHONE _____

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
PEMBROKE ONE, SUITE 406
281 INDEPENDENCE BLVD.
VIRGINIA BEACH, VA. 23462-2977

Check here if you are paying by **CREDIT CARD**.

Credit card information can be called in, scanned at the service center on a credit card machine, or entered below if you are mailing in your order. **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: _____

CIV Number: _____ Exp. Date (MM/YY) ____/____

BILLING ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____ PHONE _____

THANK YOU FOR YOUR ORDER

Office Use Only

Check Total _____

Date _____

Order No. _____

FORM 001

4-26-2011