



**MUSIC IN MY MOUTH  
Merchandise Order Form**



**Send Completed Form via Fax, Email or Mail to:**

Cheryl Warning, Coordinator  
Division of Speech Pathology, ML 4011  
Cincinnati Children's Hospital Medical Center  
3333 Burnet Avenue, Cincinnati, OH 45229  
(t) 513-636-3134; (f) 513-636-3965  
Email: [cheryl.warning@cchmc.org](mailto:cheryl.warning@cchmc.org)

Merchandise	Cost	Quantity	Total Cost
Music in My Mouth CD and manual	\$24.95		\$
Shipping and Handling	\$4.99		\$
OH Sales Tax	7% of Total		\$
<b>Grand Total</b>			<b>\$</b>

**Payment Method**

Cincinnati Children's Hospital Medical Center Tax ID#: 31-0833936

- Cash
- Check
- Purchase Order # \_\_\_\_\_
- Credit Card:  Visa  Mastercard  American Express

Account # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

Name of Cardholder \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

**Shipping Information**

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Address \_\_\_\_\_

City / State / Zip / Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_