



LANGUAGE IN MY LIFE 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

Merchandise	Cost	Quantity	Total Cost
Language in My Life CD and manual	\$24.95		\$
Shipping and Handling	\$4.99		\$
OH Sales Tax	7% of Total		\$
Grand Total			\$

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 _____