

# ORDER FORM

## *Citizenship for Us*

Please fill out this form and click "submit" above when completed.  
**Credit card holder information required below.**

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BILLING ADDRESS: (if different from shipping address) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**Shipping & Handling:**

1-2 books \$6.25

3-4 books \$12.35

5 or more books Call CLINIC for shipping charge, (202) 635-2556

Quantity	Unit Price	Total
	\$40/each	
	Subtotal	
	Shipping	
	Grand Total	

CREDIT CARD NUMBER: \_\_\_\_\_

PAYMENT TYPE:  VISA  MasterCard  Discover  American Express

EXPIRATION DATE: \_\_\_\_\_

CREDIT CARD SECURITY CODE (CSC): \_\_\_\_\_