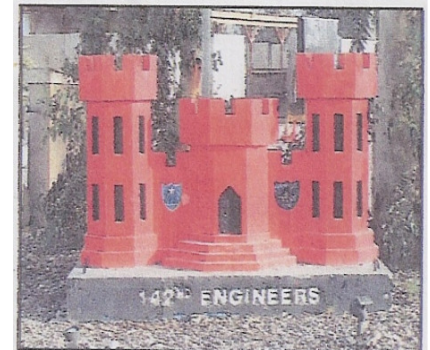


SHIP TO:

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

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ORDER CODE IF APPLICABLE

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CARD NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

BOOKS ARE \$24.95 PLUS \$7.25 SHIPPING AND HANDLING EACH (32.20 EACH)

TOTAL# OF BOOKS \_\_\_\_\_ @ \$32.20 EACH = \$ \_\_\_\_\_

PLEASE MAIL COMPLETED FORM TO:
OPERATION MUSIC AID UNIT 1. 1 ORCHARD PARK MADISON, CT 06443