

Directory of Health & Human Services 2019/2020 ("Blue Book") – Order Form

BILL TO (Please Print)	SHIP TO (Please Print)
Organization: _____	Organization: _____
Contact Person: _____	Contact Person: _____
Address: _____	Address: _____
City: _____ State: _____ Zip Code: _____	City: _____ State: _____ Zip Code: _____
Phone: _____	
Email: _____	

Purchase Order #				Check #		Money Order #	
Description	Price Per Copy	Quantity	Directory Total	Quantity	Postage	Total Postage/Shipping	Total Quantity & Postage
2019/2020 Blue Book	\$30 each			1-5 Books	\$4 each	\$	\$
				6-10 Books	\$2.75 each	\$	\$
				11-25 Books	\$2.50 each	\$	\$
Delivery Flat Rate:	\$30.00 Hidalgo	\$40.00 Cameron/Willacy	\$60.00 Starr	26-UP	Flat Rate	\$	\$

TOTAL: \$

Credit Card: American Express Card Master Card Visa **OR**
 Cash Money Order Check (*Make Checks Payable to: Community Council RGV*)

_____ Credit Card #

_____ Verification #

_____ Exp. Date

Person(s) Name on Card: _____

Person's Credit Card billing address _____

City _____ State _____ Zip Code _____

Amount authorizing to charge card: \$ _____

I authorize the Community Council RGV to charge my card for the above stated amount. For security purposes, please submit a copy of picture ID of cardholder.

Signature of Cardholder: _____ Date: _____

Contact: Lupita Vasquez | Email: BlueBook@ccrgv.org | **OR** Mayra Zarazua | Email: BlueBook@ccrgv.org
 C: 956-363-7071 | C: 956-358-5116