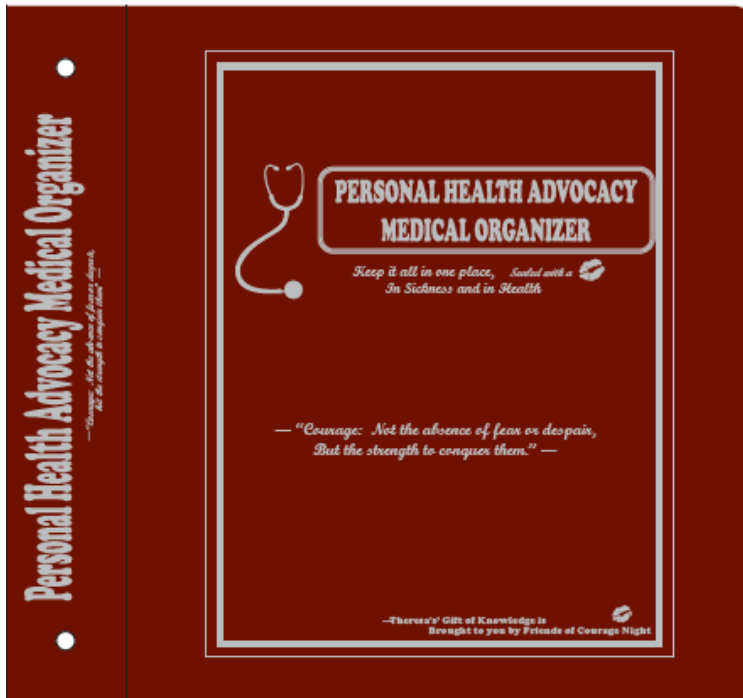


Become Your Own And Someone Else's Health Advocate With A Purchase Of A Personal Health Advocacy Binder Through Our "Pay It Forward" Program.



*Do you and your loved ones have their vital health records in one quick, easy-reference area?
In the ever changing medical world each individual needs to be an active participant with their health care team, including doctors, nurses, lab personnel etc. Do your part today and join our fundraising effort to help every patient help themselves by participating and contributing in the Health Advocacy Binder Program.
Your purchase will provide a binder and education materials for yourself and purchase one for someone in need through local hospitals, the Breast Care and the American Cancer Society.*

“This has become the most useful book on my shelf...it is our family’s emergency preparedness kit.”

Yes, I would like to “pay someone else’s toll” by purchasing my Personal Health Advocacy Binder for \$30.00. Each binder purchased buys a complete binder for someone in need. Quantity_____ Pick up__ Mail__(\$2.50)

This binder is for me___ is a gift___.

Name:_____ Mailing Address_____
(Please Print) (Street)

Apt. #:_____ City _____ State:_____ Zip/Postal Code:_____

Email:_____ Phone:_____

Shipping to more than one address? Please enter additional shipping address below:

Name:_____ Mailing address:_____
(Please Print) (Street)

Apt. #:_____ City _____ State:_____ Zip/Postal Code:_____

Email:_____ Phone:_____

Payment type: Cash:___ Check___ (Please make payable to Friends of Courage Night)
Credit Card___ Card type: Visa:___ MasterCard:___ Discover:___ American Express:___

Credit Card #: _____ Security Code: _____ Exp: _____

___ Please sign me up to receive future updates on inserts as they become available. Contact me by:
Mail___ Phone___ Email___—Mail To: Friends of Courage Night P.O. Box 1345 Eureka Cal. 99502