

# Home Safe Home Mail Order Form

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

# of copies \_\_\_\_\_ x \$19.95 \$ \_\_\_\_\_

Tax (6% for Florida residents) \$ \_\_\_\_\_

Shipping (\$6.00 per book) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**YOU MAY SEND A CHECK MADE OUT TO "DEBRA LYNN DADD"**

**OR USE YOUR CREDIT CARD (Visa, Mastercard, AmEx)**

Card# \_\_\_\_\_

Expiration \_\_\_\_\_

Signature \_\_\_\_\_

**PLEASE SEND YOUR ORDER TO:**

**Debra Lynn Dadd • 411 Cleveland Street #263 • Clearwater FL 33755**