



Friends of the TMC Library

Collection Card Sets

Indicate number of sets of cards to purchase.

_____ Early Nurses, Variety Pack of 6. Cost per Pack \$10.00 Total: _____

_____ Early Memorial, Single, Pack of 6. Cost per Pack \$10.00 Total: _____

Total Enclosed: _____ Total: _____

Method of Payment

Check (made payable to *Friends of the TMC Library*)
 Credit Card (Visa, MC, AMEX, Discover)
 Card Number: _____
 Exp. Date: _____; CVV# _____
 Name on Card: _____
 Signature: _____
 Date: _____ Amt. Enclosed/Charged: \$ _____

For more information about the Friends or to purchase your card sets, visit www.library.tmc.edu or download the order form and complete!

Mail Form to: The Texas Medical Center Library
 ATTN: Friends of the TMC Library
 1133 John Freeman Blvd., Houston, Texas 77030

Mailing Information

Name: _____
 Address: _____
 City, ST, Zip: _____
 *Email: _____
 *Phone: _____

Alternate Mailing Information

Name: _____
 Address: _____
 City, ST, Zip: _____