



Notecard Order Form

Indicate number of sets of cards to purchase.

_____ 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 visit www.library.tmc.edu or download the order form to complete and and mail it back.

Mail Form to:
 The Texas Medical Center Library
 Friends of the TMC Library
 1133 John Freeman Blvd. #100
 Houston, Texas 77030

Mailing Information

Name: _____

Address: _____

City, State, Zip: _____

*Email: _____

*Phone: _____

Alternate Mailing Information

Name: _____

Address: _____

City, State, Zip: _____