

PMI 2004 Calendar Order Form

The PMI 2004 calendars with the listing of PMI affiliates (port, name of the ministry, contact, phone number, e-mail address) are now available. These are pocket size calendars with the listing of the port ministry contacts in PMI related ports. The calendars will be in packages of 250.

North American Mission Board has underwritten the cost of producing these calendars. They will be shipped from the manufacturer directly to you. There is a co-payment of \$3 per box for handling and shipping cost. We need to know how many packages you need. Please use this order form to order the calendars for use in your port. The orders will be accepted on a first come first served basis.

Return this form with your co-payment of \$3 per package of 250 to Maritime World Service, 10240 W Ames Av., Beach Park IL 60099. You can fax the form to 309-402-0963 to reserve the packages, but the shipping company will need the co-payment for sending the boxes to you.

Ministry Name	Attn:	
Shipping Address		
Address 2		
City	State	Zip
Phone	Fax	
E-mail	Today's date	
Units Ordered (Each unit has 250 calendars)	Copayment for handling and shipping enclosed (\$3 per unit)	

If ordering for multiple centers, please use a separate form for each shipping address. Make copies of this form as needed.

Mail the order form and your copayment to: Maritime World Service, 10240 W Ames Av., Beach Park IL 60099. To reserve your calendars fax this form to: 309-402-0963 or send an e-mail with your name, port, shipping address and the quantity desired (multiples of 250) to calendars@pminet.net. If you have any specific questions, contact tedmall@pminet.net.

If using a credit card for payment, fill out the appropriate information below and return it. Please note that your credit card statement will show payment to Mall Publishing, Inc. Your card will only be charged at shipping time.

Payment method <input type="checkbox"/> Check <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Card Number (if applicable)	Expiration Date
Name (on Card)	I agree to pay the full amount on this order in accordance with agreement with the card issuer. X _____ Card holder signature (required for mail in or in person credit card orders)	
(Card) Billing Address		