



Senior Strategies, Inc.

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Personalized Medical Info Wallet Cards

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Phone #: _____
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Ship To:

For Office Use Only:

Today's Date : _____
Compliments of: (PLEASE PRINT)
Line 1: _____ (Individual Name or Company Name)
Line 2: _____ (Title, Individual Name, or Company Name)
Line 3: _____ (Telephone)
Desired Quantity & Price :
[] 250 @ \$140.00 + \$15.00 S&H = \$165.00 (PA residents add 6% tax of \$ 9.90) = \$174.90
[] 500 @ \$185.00 + \$15.00 S&H = \$200.00 (PA residents add 6% tax of \$12.00) = \$212.00
[] 1,000 @ \$250.00 + \$15.00 S&H = \$265.00 (PA residents add 6% tax of \$15.90) = \$280.90
[] 5,000 @ \$420.00 + \$15.00 S&H = \$425.00 (PA residents add 6% tax of \$25.50) = \$450.50

Payment: [] Check [] Master Card [] Visa Card #: _____
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