



**The Ontario Society (Coalition)  
of Senior Citizens' Organizations (OCSCO)**

Date Ordered: \_\_\_\_\_

**Life Before Medicare Order Form**

<b>Organization / Individual Name:</b> _____
<b>Contact Name:</b> _____
<b>Mailing Address:</b> _____
<b>City:</b> _____ <b>Province:</b> _____ <b>Postal Code:</b> _____
<b>Telephone:</b> _____ <b>Fax:</b> _____
<b>Email:</b> _____

Please send me the following:	
Number of Life Before Medicare Books: _____ X \$20.00 each for a Total of \$ _____	
	Shipping costs are \$2.45 for each book \$ _____
	7% GST \$ _____
	Total Payment \$ _____

**Payment by Cheque:**

*Make your cheque payable to OCSCO.*

**Payment by Visa:**

Visa #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Name on Visa Card: \_\_\_\_\_

Signature: \_\_\_\_\_

*Visa payments may be faxed*