



# Coping® with Cancer Magazine Subscription Form



Print this form, fill it out and place in an envelope along with your check, money order, or credit card information to  
**Coping with Cancer, P.O. Box 682268, Franklin, TN 37068-2268**

For fast credit card service, fax this form to **(615) 614-3986**. For phone orders, call **(615) 790-2400**.

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

- \$19 for one year (6 issues – USA)
- \$35 for two years (12 issues – USA)

- \$35.00 for one year (6 issues – CANADA or FOREIGN)
- \$68.00 for two years (12 issues – CANADA or FOREIGN)

**PLEASE CHARGE TO MY CREDIT CARD:**

- American Express
- Discover
- MasterCard
- Visa

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Card expiration date: \_\_\_\_\_ Security code on card: \_\_\_\_\_

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

Today's date: \_\_\_\_\_

Credit Card Billing Zip Code: \_\_\_\_\_

*Please note: forms received without payment or credit card information cannot be processed.*