

The Lenair Self(s) Healing Center, Inc.
Credit Card Purchase

I authorize The Lenair Self(s) Healing Center to deduct
\$_____ from my credit card account.

Card Number

Expiration date

For: _____
(product or service) (if class, indicate name of class and date)

Full name (print)

(sign)

Address Line 1

Address Line 2

City

State/Prov.

Mailing/Zip Code

Home Phone

Cell Phone

Email: _____

Please review our Terms of Service concerning your purchase.

Mail to:

The Lenair Self(s) Healing Center
Attention: Store
2451 Park Hill Road
Benson, VT 05743 USA

Phone: 1.888.412.8392

Fax: 1.802.537.3221

The Lenair Self(s) Healing Center, Inc.
Check Purchase

Enclosed is my check to The Lenair Self(s) Healing Center in the amount of \$ _____

For: _____
(product or service) (if class, indicate name of class and date)

Full name

Address Line 1

Address Line 2

City

State/Prov.

Mailing/Zip Code

Home Phone

Cell Phone

Email: _____

Please review our Terms of Service concerning your purchase.

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