

Serenity Press Order Form

Subscribe to the Serenity Press!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

This subscription is: New _____ Renewal _____ Change of Address _____

If this is a change of address please list previous address.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

New subscription:

6 Months - \$4.00 _____

1 Year - \$8.00 _____

2 Years - \$16.00 _____

Total - \$ _____

Mail this form with enclosed payment to:

Central Office

1031 E. Battlefield Suite 124 C

Springfield, MO 65807