

Cookbook Order Form

Name: _____

Address: _____
(Where you would like the books sent to.)

City: _____

State: _____

Zip: _____

Phone Number: _____

How many cookbooks would you like? + (\$15 per book)
(\$4 per book shipping)

Total:

Please send Check or Money order, along with this form, to:

West River Health Services
Attention: Paulette Haar
1000 Hwy 12
Hettinger, ND 58639