To Order Your Disability Journal…

Mail this order form with your check or money order to:

U.S. Veteran Compensation Programs
P.O. Box 420128
Houston, TX 77242-0128

Make check or Money Order to: **Aspyre Media**

List Your Current Disabilities

1._____ 2._____

3._____ 4._____

5._____ 6._____

☑ **Disability Journal: A Daily Account of My Current Disability Issues**

$16.95 each = $_____

Subtotal $_____

Shipping & Handling = $ 3.94

Add $2.00 for each additional journal = $_____

TOTAL = $_____

Credit Card Payment:

☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Credit Card Number:_____

Name on card:_____

Signature:_____ Date:_____

Online orders: www.veteranprograms.com

Fax orders: 713-510-1965

Ship to:

(Please type or Print)

Full Name:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Telephone:_____

Email:_____