

# Living with Loss™ Magazine

## Order Form Multiple Copy Rates 2009-2010

Beginning Jan. 2010, your annual bulk order will also receive our new e-magazine for your business or individuals depending on the program you choose.

**ONE PRINTED COPY SHIPPED TO ONE ADDRESS - minimum 5 NAMES per quarter mailed to an individual address.** (Example: You send a list with 5 or more names and addresses – we ship one copy of magazine directly to individual.)

**MULTIPLE PRINTED COPIES SHIPPED TO ONE ADDRESS - minimum of 5 copies.**  
(Example: We ship the magazines to your address for one year and you distribute magazines to individuals.)

<b># Subscriptions</b>	<b>Total Price</b>	<b>Price/issue</b>	<b>Start : Spg/Sum/Fall/Win</b>
<input type="checkbox"/> <b>5</b> (5 magazines/issue 4 x yr.)	<b>\$100</b> (20 mag. per yr)	\$5.00	_____
<input type="checkbox"/> <b>10</b> (10 magazines/issue 4 x yr.)	<b>\$160</b> (40 mag. pr yr)	\$4.00	_____
<input type="checkbox"/> <b>20</b> (20 magazines/issue 4 x yr.)	<b>\$280</b> (80 mag. pr yr)	\$3.50	_____
<input type="checkbox"/> <b>50</b> (50 magazines/issue 4 x yr.)	<b>\$530</b> (200 mag. pr yr)	\$2.65	_____
<input type="checkbox"/> <b>100</b> (100 magazines/issue 4 x yr.)	<b>\$1000</b> (400 mag. pr yr)	\$2.50	_____

**MULTIPLE PRINTED GIFT SUBSCRIPTIONS - minimum 10 per year mailed to an individual or organization.** (Example: You send us the name and address of the subscriber anytime during the year with a minimum of 10 names per year and we ship the magazine to the subscriber. Just fax, mail or email (excel spreadsheet, please) your list of names and addresses and we will ship the next issue with a personalized gift card from you. *Multiple subscriber rates are discounted at over 30%. Our single subscriber rates are \$32 for one year.*)

		<b>Start: Spg/Sum/Fall/Win</b>
<input type="checkbox"/> <b>Two issues</b>	<b>\$11.00</b>	_____
<input type="checkbox"/> <b>One year (4 issues)</b>	<b>\$22.00</b>	_____

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### **Payment Information:**

Contract Begins Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Check # \_\_\_\_\_

Charge my credit card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

(VISA, MC, Discover): Name on card \_\_\_\_\_

Please bill me – due on receipt of bill PO # \_\_\_\_\_

Please e-mail, mail or fax to:

**Bereavement Publications, Inc. P.O. Box 101 Eckert, CO 81418**  
**Toll free 1-888-604-4673 Fax: (970) 835-3839 [grief@livingwithloss.com](mailto:grief@livingwithloss.com)**