

Living Hope Ministries LDS Mailing Request Form

To have a Living Hope DVD or DVDs anonymously sent to a Mormon friend or loved one, please print and fill out the following form (please write clearly using block letters and dark ink) and mail (or fax) with a check (or credit card info) to:

Living Hope Ministries || 48 N. Main St. || Brigham City, UT 84302
FAX: (435) 921-0141

Print Recipient Name & Address: _____ _____ _____ _____	<input checked="" type="checkbox"/> DVD selection(s): <input type="checkbox"/> DNA vs. the Book of Mormon <input type="checkbox"/> Called to be Free <input type="checkbox"/> The Bible vs. The Book of Mormon <input type="checkbox"/> Lifting the Veil of Polygamy
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Print Recipient Name & Address: _____ _____ _____ _____	<input checked="" type="checkbox"/> DVD selection(s): <input type="checkbox"/> DNA vs. the Book of Mormon <input type="checkbox"/> Called to be Free <input type="checkbox"/> The Bible vs. The Book of Mormon <input type="checkbox"/> Lifting the Veil of Polygamy
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Print Recipient Name & Address: _____ _____ _____ _____	<input checked="" type="checkbox"/> DVD selection(s): <input type="checkbox"/> DNA vs. the Book of Mormon <input type="checkbox"/> Called to be Free <input type="checkbox"/> The Bible vs. The Book of Mormon <input type="checkbox"/> Lifting the Veil of Polygamy
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Calculate Payment (calculate based on total number of DVDs, and please note that the amount per DVD differs based on whether or not the recipient is inside or outside the USA. **We request a limit of one copy per title, per address. That is, you can give multiple titles to anyone, but only one copy per title.**)

For DVDs sent **inside** the USA: _____ DVDs x **\$5.50** = \$ _____ (subtotal)

For DVDs sent **outside** the USA: _____ DVDs x **\$7.50** = \$ _____ (subtotal)

TOTAL PAYMENT: \$ _____ (Grand Total)

_____ Enclosed is a Check/Money order for the total payment amount.

_____ Please charge my **Visa** or **MasterCard** the total payment amount (sorry, no Discover or AmEx):

Card No. _____ / _____ / _____ / _____ **Expiration (mm/yy):** _____ / _____

Name on Card: _____

Card Billing Address: _____
