South Carolina
Home Care & Hospice
Association

Directory Order Form

QUANTITY	PRICE EACH	TOTAL
	$15.00 (includes tax, shipping & handling)	

SHIPPING INFORMATION

Recipient Name _____

Agency _____

Street Address _____

City _____ **State** _____ **Zip** _____

Telephone _____ **Email** _____

PAYMENT INFORMATION

Payment: SCHCA accepts payment by check, MasterCard, VISA, Discover, or American Express. If paying by credit card, this form may be sent by fax to (919) 848-2355.

____ I have enclosed a check in the amount of $ _____
Make checks payable to: ***SCHCA****, 3101 Industrial Drive, Suite 204, Raleigh, NC 27609.*

____ Please charge my credit card in the amount of $_____
o MasterCard o VISA o Discover o American Express

_____ _____ _____
Account number **Expiration Date** **Security Code**

_____ _____
Name (as it appears on card) **Signature**

Address of Cardholder _____
(city) **(state)** **(zip)**

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3101 Industrial Drive, Suite 204 ♦Raleigh, NC 27609 ♦ P: (919) 848-3450 ♦F: (919) 848-2355