

Dental PAC Coin Order Form



Price: \$10

Name: _____

Address (for shipment): _____

City/State/Zip Code: _____

E-mail: _____

Phone: _____

Quantity: _____

Total Enclosed: _____ (including S&H)
(Please make the check payable to:
Commissioned Officers Foundation)

Shipping and Handling: Less than 5 coins = \$2.50 5 to 10 coins = \$3.50 More than 10 coins = \$5.00
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Send your check and this form to:
CDR Shani N. Lewins, DDS, USPHS
USCG Dental Clinic, Detroit
43401 N. Jefferson BLD 825
Selfridge ANGB, MI 48045