



Healthier Days® Order Form

(Choose any or all)

▶ **Stay Well 7-Day Program Card**

Total number of cards ____ X \$4.95 per card = \$ _____

▶ **Stay Well Track Your Numbers Card**

Total number of cards ____ X \$4.00 per card = \$ _____

▶ **Stay Well Recipe Cards**

Subscription Service (3 months, 15 recipes)

Select up to 3 categories from below and receive 5 recipes per month for 3 months:

(a) _____, (b) _____, (c) _____

Total number of subscriptions ____ X \$22.50 each = \$ _____

Individual Cards

Please indicate the number of cards desired from each category (\$1.75 per card):

____ Beans ____ Breakfast ____ Desserts ____ Fruit
____ Grains ____ Lean meat & poultry ____ Lunch
____ Make-ahead meals ____ Milk group
____ Quick meals ____ Salads ____ Seafood
____ Snacks ____ Soups ____ Vegetables

Total number of cards ____ X \$1.75 per card = \$ _____

▶ **Stay Well Note Cards**

Please indicate the number of cards desired from each category (\$1.95 per card):

____ Asthma ____ Diabetes ____ Diet & nutrition
____ Exercise ____ Family health ____ Headaches
____ Heart health ____ Hypertension
____ Self-improvement ____ Stress management
____ Weight loss ____ Women's health

Total number of cards ____ X \$1.95 per card = \$ _____

Grand total for your order = \$ _____

Your name: _____

Your mailing address: _____

Please make your check or money order payable to HealthcareData Company, and send with completed form to 600 Bent Creek Blvd., Suite #160, Mechanicsburg, PA 17050. Thank you!