



NHA STORE
ON-LINE ORDER FORM

NEIGHBORHOOD
Health Association

Customer Name _____ Today's Date _____

Customer Address _____

Mailing Address _____
If different from above

City _____ State _____ Zip Code _____

Contact Number #1 _____ #2 _____

Item Number	Description of Item	Unit Cost	Total Cost

Total Amount Enclosed \$ _____

Mail Form and Payment To: NHA
313 Jefferson Ave
Toledo, Ohio 43604

Payment: Personal Check or Bank Check accepted

For More Information: Please Call Neighborhood Health Association at 419-720-7883