

Name _____

Date _____

American Heritage Education Foundation, Inc.

ORDER FORM

www.americanheritage.org

Item / Format	Cost (per item)	Number	Amount
<i>Miracle of America High School Teacher Course Guide Printed Binder - High</i>	\$55.00 each (includes shipping)		
<i>America's Heritage: An Experiment in Self-Government Printed Binder - Middle</i>	\$55.00 each (includes shipping)		
<i>America's Heritage: An Experiment in Self-Government Printed Binder - High</i>	\$55.00 each (includes shipping)		
<i>America's Heritage: An Adventure in Liberty Printed Binder - Elementary</i>	\$24.50 each (includes shipping)		
<i>America's Heritage: An Adventure in Liberty Printed Binder - Middle</i>	\$24.50 each (includes shipping)		
<i>America's Heritage: An Adventure in Liberty Printed Binder - High</i>	\$24.50 each (includes shipping)		
Declaration of Independence Poster	\$36.00 each (includes shipping)		
Tax-Deductible Optional Donation	---	---	
			TOTAL

Order Specifics: _____

Note: For printed binder orders, please mail check payment to AHEF or pay online at www.americanheritage.org. Orders will not be processed until payment is received. Donations may be made by mail or online at www.americanheritage.org. Recipients of AHEF resources will be included to receive AHEF E-News. If ordering for teacher/parent groups, please list/attach contact info (email, address, ph) for all resource recipients if possible.

How did you hear about us? _____

How will you use or distribute the resource? (small group, classroom, homeschool, network, conference, school, district, region, state, other program? Please indicate grade/subject if applicable.)

Additional Participation:

Check all that apply. An AHEF staff member will contact you as needed.

- _____ Help distribute AHEF teacher resources.
- _____ Help schools in my area initiate the use of AHEF resources.
- _____ Help schools in my area celebrate American Heritage Month (Nov).
- _____ Become part of AHEF’s fundraising team.
- _____ Help AHEF design and write lesson plans as needed.
- _____ Become an AHEF organizational partner.
- _____ Other. Please specify: _____

Name: _____ **Title:** _____

Company/Organization/School: _____

Address: _____

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

E-mail address(es): _____

Phone Numbers: _____ (o) _____ (h) _____ (c)

Mail to:

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