

TAXI VOUCHER PROGRAM

COUPON ORDER FORM



Please mail completed order form and payment to:
Attn: Taxi Voucher Program
Department of Aging and Disabilities
2666 Riva Road, Ste. 400
Annapolis, MD 21401

NAME:
ADDRESS:
CITY, STATE, ZIP:
PHONE:

Each month you are eligible to purchase up to 10 coupon books at \$5.00 each. Each book has a \$10.00 value. Please check one (1) box to order the amount of coupons you wish to purchase:

Check one:	Number of Coupon Books	Cost of Book	Total Cost	Amount in Vouchers
<input type="checkbox"/>	1	\$5.00	\$5.00	\$10.00
<input type="checkbox"/>	2	\$5.00	\$10.00	\$20.00
<input type="checkbox"/>	3	\$5.00	\$15.00	\$30.00
<input type="checkbox"/>	4	\$5.00	\$20.00	\$40.00
<input type="checkbox"/>	5	\$5.00	\$25.00	\$50.00
<input type="checkbox"/>	6	\$5.00	\$30.00	\$60.00
<input type="checkbox"/>	7	\$5.00	\$35.00	\$70.00
<input type="checkbox"/>	8	\$5.00	\$40.00	\$80.00
<input type="checkbox"/>	9	\$5.00	\$45.00	\$90.00
<input type="checkbox"/>	10	\$5.00	\$50.00	\$100.00

I am enclosing (write in amount): \$ _____ (check) \$ _____ (money order)
 Please make check or money order payable to: Anne Arundel County

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Sent: _____ Date Received: _____ Recertification Date: _____