

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: |

Signature: _____ Date: _____
 Each month you are eligible to purchase up to 10-15 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 |
| <input type="checkbox"/> | 11 | \$5.00 | \$55.00 | \$110.00 |
| <input type="checkbox"/> | 12 | \$5.00 | \$60.00 | \$120.00 |
| <input type="checkbox"/> | 13 | \$5.00 | \$65.00 | \$130.00 |
| <input type="checkbox"/> | 14 | \$5.00 | \$70.00 | \$140.00 |
| <input type="checkbox"/> | 15 | \$5.00 | \$75.00 | \$150.00 |

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

| | | | |
|----------------------------|----------------------|--------------------------------|------------------------------|
| FOR OFFICE USE ONLY | | | |
| Date Sent: _____ | Date Received: _____ | Recertification Date: _____ | |
| BOOK #'s _____ - _____ | For month(s) _____ | EXCEL <input type="checkbox"/> | AIM <input type="checkbox"/> |