2025–2026 Order Form

Billing Information		
Name		۵
Title		1
School/Church (if applicable)		7
Address		()
City		A
State	Zip	(
Daytime Phone ()		\$
Fax ()		[
Email		E

Shipping Information				
Check if same as Billing Information				
Name				
Title				
School/Church (if applicable)				
Address				
City				
State	Zip			
Daytime Phone ()				
Email				

Payment Information				
Check enclosed payable to Positive Action for Christ				
Charge existing Positive Action for Christ customer account				
Purchase Order Number				
Account Name				
Charge my 🗌 American Express 📄 Discover 📄 MasterCard 📄 Visa				
Card Number				
Expiration Date				
Signature				
Print name				

Product Description Item # Please send a **free** Elementary Scope & Sequence.

Shipping Rates

For Billed Orders We charge shipper's list price, which will be reflected on your invoice. For Prepaid Orders

Shipping is 15% of the total. Option available only in the continental United States.

*Sales Tax

We currently collect sales tax in these states: GA, IL, NC, OK, and PA. Rates and location change without notice. Orders exempt from sales tax must be paid by the tax-exempt receive a sales tax exemption in the above states, organizations must provide us a current exempt certificate.



P.O. Box 700 • Whitakers, NC 27891-0700 (800) 688-3008 • Fax: (252) 437-3297 positiveaction.org

Please print.

1	Qty.	Price	Total
Secondary			
Please send a free Secondary Scope & Sequence.			Free

	Order Subtotal	
	Sales Tax*	
	Shipping Charges	
ions subject to t organization. To urrent sales tax-	Total	

Payment must accompany orders placed by individuals or from outside the United States. Payment must be made in U.S. funds.

Prices subject to change without notice.