

# WE DELIVER

*JUST OUT*  
*FOR*  
*12 ISSUES*  
*JUST*  
*\$5.00*



NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

VISA/MC # \_\_\_\_\_

EXPIRES \_\_\_\_\_ SIGNATURE \_\_\_\_\_

*Just*  
**OUT**

**P.O. Box 15117  
Portland, OR 97215**