BLESSINGS INTERNATIONAL
MEDICINESFORMISSIONS®

Addendum Form

Customer Number/Ministry Name: _____

Addendum to Order Number: _____

Trip leaving date: _____

City & Country where medicine will be used: _____

If country has expiration dating requirements, please list the date that medicine may not expire before: _____

What is the last date you can accept these medications? _____

Shipping Address: _____

_____

_____

If you prefer to use our International Order Form to select items, please attach it to this form

Items:

Stock Code	Description	Unit of Measure	Units Needed

1650 N Indianwood Avenue
Broken Arrow, OK 74012

e: order@blessing.org
w: blessing.org

p: 918.250.8101
f: 918.250.1281