

3 Months of Meds Entry Form

① Fill out your information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email or mobile number used for your RefillWise account: _____

RefillWise card ID: _____

Please briefly describe how 3 Months of Meds could help you:

② Send by e-mail or mail

Send your form and a photo of yourself by:

E-mail

3MoM@refillwise.com

OR

Mail

RefillWise
ATTN: 3 Months of Meds
9070 Gleannloch Forest Dr.
Spring, Texas 77379

Please note that we aren't able to reply to every application and we cannot return any photos sent by mail. By submitting this application, you acknowledge that RefillWise may show your first name, photo, and story on RefillWise.com.