

3 Months of Meds Entry Form

① Fill out your information

First Name: _____ **Last Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Email used for your RefillWise account: _____

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

Mail

RefillWise
ATTN: 3 Months of Meds
6111 W. Plano Pkwy. #3200
Plano, Tx 75093

OR

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.