

Leverage \$7 into 1000's Monthly!

The \$7 Plan

EASY-AFFORDABLE-INTERNATIONAL

- Join **THE \$7 PLAN** for only \$7 per month! You'll receive your own personal website to promote **THE \$7 PLAN... EVEN IF YOU DON'T OWN A COMPUTER.**
- When you have 3 people on your first level you no longer pay the \$7 per month fee! Your position is PAID FOR!
- When you have a total of 10 people on your first two levels things happen.
- At this point you are now enrolled in Liberty Health Net (LHN) a solid, debt free, three year old nutrition company – that ships products all over the world!
- Your \$25 product, that you have pre-selected, IS PAID FOR BY THE \$7 PLAN! **YOU DO NOT HAVE TO ORDER PRODUCTS.**
- When your first 2 levels are full in LHN **The \$7 Plan will pay for the 2nd product.**
- When each one of the people under you have their 10 people, they will be enrolled under **YOU** in LHN with their \$25 product PAID FOR! If you are their sponsor you will also receive a fast start bonus of \$15 (or 60% X \$25). The following month down line commissions are paid through 5 levels. Level 1 pays 5%, level 2 pays 10%, level 3 pays 10%. **NO SPONSORING REQUIRED TO RECEIVE COMMISSIONS** on the first 3 levels, potential payout of \$205, level 4 pays 40%! You must have 2 personally sponsored and a \$50 purchase to receive commissions on the 4th level. \$50 is already paid by **THE \$7 PLAN paying for your product!** The 5th level pays 5%, 4 personally sponsored required to receive commissions, and a \$100 product purchase – \$50 is already paid by **THE \$7 PLAN!**
- You can purchase **EXTRA POSITIONS** in **THE \$7 PLAN** for greater income potential!

2 Ways to Sign Up!

1. SIGN UP ONLINE at www.7-bucks.net -- enter Sponsor ID# 19691
2. If you do not have a computer fill out the order form below and FAX (888-436-6835) or MAIL to
 - Don Garlick & Assoc LLC, 1917 SE 112th Avenue, Portland, Oregon 97216
 - We will set up your **FREE personal website and ID#.**
 - **Members: Please REQUEST your FREE "Mailing Business Kit"**

Questions? Call Toll Free: (888) 436-6835 then press 1

Yes, enroll me in the \$7 Plan. I authorize you to charge my credit/debit card for \$7 [plus a one-time, \$3 setup fee]. I understand that you will charge the \$7 fee each month, until I have 3 people enrolled, and that I may cancel at any time. If paying by check or money order, I understand that you must receive each payment *within 30 days* of my previous payment. If I fail to send payment within this time, I understand that my enrollment will be discontinued.

Pre-select your PAID for product: _____ Personal Check, MO, or Debit/Credit Card [**\$7.00 + 1 time only \$3.00 set up fee**]

Grape Seed Extract (GSE100) Weight Loss Plus Vita-Min Plus Coral Cal-Plus

Sponsor ID # 19691

Name _____ Address _____

City _____ State _____ Zip _____ Country _____

Phone # _____ Fax # _____

Email address _____

Payment: Visa Master Card IntGold SFIPay Stormpay Check Money Order

Card # _____ Exp Date: Month _____ Year _____

Security Code _____ (Last 3 numbers on the back of card)

Fax to: (888) 436-6835 * Phone #: (888) 436-6835