

**American Heritage Education Foundation, Inc.**  
**Text Adoption/Acquisition Notice - Miracle of America**

Department Chairpersons, Instructors, and Librarians: If you adopt *Miracle of America* as a text/reading for a course, or acquire it for your library, please let us know! Please complete this form and submit it to AHEF via mail, fax, or email.

**Mailing Address:**

AHEF  
3100 Wesleyan St., Suite 375  
Houston, TX 77027-5731  
USA

**Phone Number:**

713.627.2698

**Email:**

ahef@americanheritage.org

**Fax Number:**

713.572.3657

**CONTACT INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_ Department \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**ADOPTED BOOK INFORMATION**

Book Title *The Miracle of America: The Influence of the Bible on the Founding History and Principles of the United States of America for a People of Every Belief*

Author Angela E. Kamrath

Publisher Xulon Press

ISBN 9781628711400 (Paperback) Number of copies ordered: \_\_\_\_\_

ISBN 9781628711417 (Hardback) Number of copies ordered: \_\_\_\_\_

Name of Bookstore or Purchasing Office \_\_\_\_\_

Approximate date bookstore placed order \_\_\_\_\_

Purchase Order # (if available) \_\_\_\_\_

(continue)

**COURSE INFORMATION**

Name(s) of Course Instructor(s) \_\_\_\_\_

Course Title \_\_\_\_\_

Course Level: High School \_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Other \_\_\_\_\_

Semester/Quarter(s) course will be offered \_\_\_\_\_

Course Start & End Dates \_\_\_\_\_

Number of students \_\_\_\_\_ Required Text \_\_\_\_\_ Recommended Text \_\_\_\_\_

Will this be a one-time or repeating course? \_\_\_\_\_

Additional Course Info  
\_\_\_\_\_  
\_\_\_\_\_

**LIBRARY INFORMATION (if applicable)**

Name of Library \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Website \_\_\_\_\_

Approximate Number of Persons Served by Library \_\_\_\_\_

Proposed Placement of Book in Library \_\_\_\_\_

Number of Copies for Library \_\_\_\_\_

Contact Person at Library \_\_\_\_\_ Email \_\_\_\_\_

Additional Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your support!*