

**AMERICAN RED CROSS-CENTRAL MARYLAND CHAPTER
ORDER FORM: HEALTH AND SAFETY MERCHANDISE**

Name: _____ OFFICE USE: Date Recd: _____
 Organization: _____ Filled By: _____ Date: _____
 Address: _____ Receipt # _____ Cash/Check# _____
 Invoice: _____ Customer Code: _____
 Day Phone: _____ PO # _____

Call at least 3 weeks prior to your class to assure availability.

Returns must be made within two weeks of purchase for credit. Receipt must accompany return and merchandise must be in resalable condition. No returns accepted on videos or wearing apparel.

Some restrictions apply to sale of Instructor Manuals.

For More Information Call: Health Services at (410) 764-7000, ext. 7110 or 1-800-787-8002

CODE	DESCRIPTION	QUANTITY	PRICE	EXTENDED PRICE

_____ Please Mail Materials
 _____ I will pick up materials

TOTAL AMOUNT: \$ _____
 TAX add 5% (or Tax Exempt #) \$ _____
 Shipping and Handling (See Chart) \$ _____
TOTAL AMOUNT DUE: \$ _____

Total Amount of Order	Charge	Total Amount of Order	Charge
Under \$5.00	\$ 2.00	\$30.00 - \$44.99	\$ 7.00
\$5.00 - \$14.99	\$ 3.00	\$50.00 - \$65.00	\$ 9.00
\$15.00 - \$29.99	\$ 5.00	Over \$65.00	Call for price

PAYMENT MUST ACCOMPANY ORDER.

Payment Method: _____ Check (Make check payable to American Red Cross Health Services)
 _____ VISA Credit Card OR _____ Master Charge

Credit Card Number:: _____ - _____ - _____ - _____ Expiration Date: _____

Card Holders Name (print):: _____

Card Holders Signature: _____

Mail To: Health Services, American Red Cross, 4700 Mt. Hope Drive, Baltimore, MD 21215