## AMERICAN RED CROSS-CENTRAL MARYLAND CHAPTER ORDER FORM

Full Name (of person	Date	
placing order)	Recd.	OFFICE
Organization		USE
Organization Address	Recd. By	ONLY
Daytime Phone		

**<u>Returns:</u>** Returns must be made within two weeks of purchase for credit. Receipt must accompany return and merchandise must be in resale condition. No returns accepted on videos or wearing apparel.

For More Information Call: Ben Griffin at (410) 624-2064 or Fax securely to: 410-624-2061.

Code	De	<b>Description</b> Quantity		Item Price	Total Price
654200	В.	A.T. Participant's booklet		\$1.50	\$
654205	В.	A.T. Instructor's Manual		\$6.50	\$
654210	В.	A.T. Rescue Kids Video (Optional)		\$62.50	\$
654400	FA	ACT Participant's Fun Booklet		\$1.90	\$
654405	_			\$14.15	\$
654406	FA	ACT Poster Set ( Set of 7)		\$8.75	\$
	<u></u>			SUBTOTAL:	\$
	Sales TAX (or tax exen			Add 5%	\$
METHODS OF DELIVERY:					
PICK UP: If you would like to pick up the materials, you will not need to include shipping and handling.					
Yes No		I Will Pick Up Materials	TOTAL DUE ON PICKUP:		\$
MAIL: If you need to have the materials delivered to you, please add shipping and handling* costs to your order.  Add Shipping and Handling*:					\$
Yes N	lo	Please Have The Materials Delivery	ziii ziiipp uitg	TOTAL AMOUNT DUE	\$

\*Shipping Charges (applicable to orders that are to be mailed within the U.S.):

Under \$5.00	\$2.00	\$30.00 to \$44.99	\$7.00
\$5.00 to \$14.99	\$3.00	\$45.00 to \$65.00	\$9.00
\$15.00 to \$29.99	\$5.00		

## PAYMENT MUST ACCOMPANY ORDER.

		Visa Card	CC#	Expiration Date:
Payment				
Method:		Master Card	CC#	Expiration Date:
		Check	Make Payable To American Red Cross	- Health Services
PRINT CARD	HOL	DERS NAME:		

**FAX**: Secure Fax-line: 410-624-2061

MAIL: Health Services, American Red Cross, 4800 Mt. Hope Drive, Baltimore, MD 21215