



Family Caregiver Magazine Member Order Form

- | | |
|---|--|
| <input type="checkbox"/> Qty. 100
S&H \$30 | <input type="checkbox"/> Qty. 500
S&H \$130 |
| <input type="checkbox"/> Qty. 300
S&H \$80 | <input type="checkbox"/> Qty. 1,000
S&H \$250 |

PLEASE NOTE: SHIPPING & HANDLING PAYMENT IS DUE AT TIME OF ORDER.

Agency Name _____

Contact Person _____

Email _____

Address _____

City _____ State _____ Zip _____

Phone _____

Shipping & Handling Total _____ MasterCard ___ Visa ___ 3-digit code _____

Credit Card # _____

Name on Card _____ Expiration Date _____

Billing Address of Card _____

Signature _____

Return To:

Pennsylvania Homecare Association
600 N. 12th Street, Suite 200, Lemoyne, PA 17043
Fax: (717) 975-9456 • Phone 1-800-382-1211, ext. 21
Email: yourpartner@pahomecare.org