

## CHI PUBLICATIONS ORDER FORM

TITLE/DESCRIPTION	QUANTITY	PRICE PER	TOTAL
Name/Title:		<b>Subtotal</b>	\$
Organization:		<b>Less 10% Member Discount</b>	- \$
Address:		<b>New Subtotal</b>	\$
City	State/Province:	<b>Shipping/ Handling</b>	\$
Country	Postal Code:	<b>Total Amount Due</b>	\$

### Shipping & Handling Fee Table

*(Based on initial subtotal.)*

<i>Total Purchase</i>	<i>Shipping &amp; Handling Fee</i>
\$ 20.00 or less	\$ 5.00
\$ 20.01 - \$ 45.00	\$ 10.00
\$ 45.01 - \$ 85.00	\$ 15.00
\$ 85.01 or more	\$ 15% of total order (\$100 max)

**Please return this order form with check or money order payable to:**

Children's Hospice International / 901 North Pitt St, Suite 230 / Alexandria, VA 22314 USA

If you would like to charge your order to  Visa  MasterCard  American Express, please complete the information below:

Name on Card:	Card Number:
Phone Number of Card Holder:	Expiration Date:
Signature of Card Holder:	Date Signed:

***Payment in U.S. Currency Only***

**Bulk Rate and Discounts**

10 % discount for members & for an order of 25+

15% discount for an order of 100