

Vet Pins Order Form

Please complete the following and email to info@floridahospices.org or print and mail to:

Florida Hospices & Palliative Care Association

817 North Gadsden Street

Tallahassee, FL 32303



Quantity Requested

Contact Information (please print or type)

| | | | | |
|----------------------|--|--------------|------------|--|
| Contact Name | | | | |
| Business Name | | | | |
| Address | | | | |
| City | | State | Zip | |
| Email Address | | | | |
| Phone Number | | | | |

Name and Shipping Address Same As Above? _____ If not, please provide information below:

| | | | | |
|----------------------|--|--------------|------------|--|
| Contact Name | | | | |
| Business Name | | | | |
| Address | | | | |
| City | | State | Zip | |
| Email Address | | | | |
| Phone Number | | | | |

Turn Over

Payment Information

Vet Pins are \$1.65/each. Shipping is based upon quantity and will be added to the total.

An invoice will be emailed to the email address provided.

Cash (enclosed) **Check (enclosed)** **Credit Card**

| Quantity | Shipping Price |
|----------|----------------|
| 1-50 | \$6.00 |
| 51-250 | \$12.65 |
| 251-450 | \$17.90 |
| 451-749 | \$30.55 |
| 750-1000 | \$50.60 |

| | | | |
|-----------------------------|--|----------------------|--|
| Credit card type | | | |
| Name on card | | | |
| Credit card number | | | |
| Expiration date | | Security code | |
| Billing Address | | | |
| Authorized signature | | | |

Please make checks payable to: **Florida Hospices & Palliative Care Association**

Questions? Email info@floridahospices.org.

