Order Form

Mid-Atlantic Renal Coalition's Advance Care Planning Brochure

Name: _____
First Last

Billing Address:_____

_____
City State Zip

Telephone: (_____)_____ **Fax:** (_____)_____

Shipping Address: _____

_____
City State Zip

"Advance Care Planning: For Dialysis Patients and Their Families" Brochure

- ☐ Bundle of 10 for $6.00 x _____ quantity = $ _____
- ☐ Bundle of 25 for $11.00 x _____ quantity = $ _____
- ☐ Bundle of 50 for $17.00 x _____ quantity = $ _____

Total $ _____

Box of 800 brochures: If you are interested in purchasing 1 or more 800-count boxes of the brochure, please contact the MARC office for a price quote prior to submitting your Order Form (cost varies, depending on shipping address).

Payment Options

- ☐ Check Enclosed (payable to **MARC**)
- ☐ VISA
- ☐ Master Card
- ☐ American Express
- ☐ Discover

Credit Card Number:_____

Expiration Date:_____

Name on the Card:_____

Signature of Cardholder:_____

Please return to:
Mid-Atlantic Renal Coalition
1527 Huguenot Road
Midlothian, VA 23113
Fax: (804) 794-3793

Call Samantha Dorr with questions (804) 794-3757

*Please allow 10 business days for processing.