

Michigan Coalition to End Domestic & Sexual Violence
3893 Okemos Road, Suite B2, Okemos, MI 48864-4209
Telephone (517) 347-7000 / Fax (517) 347-1377

PUBLICATION ORDER FORM

Shipping and Handling included in each price

Sexual Assault Handbook
A Handbook for Survivors of Sexual Assault 1 Case (approx. 180) _____ x \$185.00 = _____

Friends & Family Handbook
A Handbook for Friends & Family of SA Survivors 1 Case (approx. 200) _____ x \$175.00 = _____

Sexual Assault Victim Assistance Cards (tri-fold)
No One Deserves to Be Sexually Assaulted Quantity of 500 _____ x \$52.00 = _____

Attach MI Sales Tax and Use Tax Certificate of Exemption

* Tax ~ Exempt FEIN Number * _____ **OR Add** .06% MI Sales Tax = _____

TOTAL \$ _____

Order Date: _____

Name: _____

Organization: _____

Shipping Address: _____

City, State, Zip _____

Telephone: (____) _____ -- _____ Fax: (____) _____ -- _____

Shipping email address: _____

Enclose a **check payable to MCEDSV** for the total due or include credit card information below:

Visa MasterCard Discover AmEx Amount \$: _____

Account#: _____ Expiration Date: _____ CVV2: _____

Name on card: _____ Signature _____

Billing Address: _____

City, State, Zip: _____

Billing email address: _____

For MCEDSV use only

Invoice #: _____ Check/CC Auth#: _____

Recd on: _____ Recd by: _____

Dep. #: _____ Shipped on: _____

Please make **checks payable to MCEDSV**, and return by fax or mail.

ATTN: ACCOUNTS RECEIVABLE

Order shipped upon receipt of payment.

Questions? Contact us at (517) 347-7000

Form Revised 7/30/2013