

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 <i>A Handbook for Survivors of Sexual Assault</i>	1 Case (approx. 180)_____ x \$175.00	= _____
Friends & Family Handbook <i>A Handbook for Friends & Family of SA Survivors</i>	1 Case (approx. 200)_____ x \$175.00	= _____
Sexual Assault Victim Assistance Cards (tri-fold) <i>No One Deserves to Be Sexually Assaulted</i>	Quantity of 500 _____ x \$52.00	= _____

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*

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

ATTN: ACCOUNTS RECEIVABLE
 Order shipped upon receipt of payment.
 Questions? Contact us at (517) 347-7000
 Form Revised 7/30/2013

For MCEDSV use only

Invoice #: _____	Check/CC Auth#: _____
Recd on: _____	Recd by: _____
Dep. #: _____	Shipped on: _____