PolioPlus Society Pins

Order Form

Email form to pinthis1@aol.com

$1.00 each plus shipping

Minimum order 100 pins (Must be ordered in quantities of 50’s)

Allow 3 weeks for shipping

Quantity\_\_\_\_\_\_\_\_\_\_ $1.00 ea. = $\_\_\_\_\_\_\_\_\_\_Shipping $\_\_\_\_\_\_\_\_\_\_Total $­­­­­\_\_\_\_\_\_\_\_\_\_

 **(Shipping cost will be determined at time of shipment, Sales tax will be added to CA orders**)

# ORDER PROCESSING

**Your Name and Title, End Polio Now Coordinator Name (EPNC) if known,**

**Zone/Region #s if known, District #, Phone #, Email and Mailing Address**

Name: \_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Zone #: \_\_\_\_\_\_\_\_ Region #: \_\_\_\_\_\_\_\_ District #: \_\_\_\_\_\_

Your Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR MAILING ADDRESS:**

P.O. Box or Apartment #/Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visa \_\_\_\_ MasterCard \_\_\_\_ AmEx \_\_\_\_ Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date: \_\_\_\_\_\_\_\_ CVC: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_

Charge: US$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Plus shipping** **Perry’s Creative Promotions**

 **PO Box 20610**

  **Castro Valley, CA 94546**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone: 510/582-5366**

 E-mail: pinthis1@aol.com