



While Supplies Last
Merchandise Order Form

ITEM	Qty.	Color	Size	Price	Total

Merchandise Total _____
Shipping Charges _____
Total Amount _____

Shipping Charges to be determined by weight. Please email donna.joly@bartoncenter.org with the items & quantity you want to purchase and you will receive a response with the shipping charges. Packages will be shipped Priority Mail.

METHOD OF PAYMENT

Check enclosed _____ MasterCard _____ Visa _____

Name on card: _____

Credit Card #: _____ Expiration Date: _____ 3-digit Verification #: _____

Recipient Name: _____

Ship To (no PO Boxes): _____ City/State/Zip: _____

Please provide your phone number or email address so we may contact you in the event an item is out of stock.

Phone: _____ Email: _____

Mail check & completed form to The Barton Center for Diabetes Education, Inc., PO BOX 356, North Oxford, MA 01537. You may also fax your completed order with credit card information to (508) 987-2002 or email donna.joly@bartoncenter.org.