

Order Form

Mid-Atlantic Renal Coalition's Advance Care Planning Brochure

Name: _____

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

Shipping Address: _____

City

State

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“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

Payment is accepted by Check or Money Order. Please make checks payable to “MARC.” Your order will not be processed unless payment is received.

Please return with payment 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.