

# Order Form

## Mid-Atlantic Renal Coalition's Advance Care Planning Brochure

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

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City

State

Zip

“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 Options

- Check enclosed (payable to “MARC”)  Master Card
- VISA  American Express
- Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ \*Security Code: \_\_\_\_\_

\*The Card Security Code is located on the back of MasterCard, Visa and Discover credit or debit cards and is typically a separate group of 3 digits to the right of the signature strip. On American Express cards, the Card Security Code is a printed (NOT embossed) group of 4 digits on the front towards the right. It is NOT part of the credit card account number.

Name on the Card: \_\_\_\_\_

Billing Address (no P.O. boxes): \_\_\_\_\_

City

State

Zip

By signing below the cardholder authorizes the Mid-Atlantic Renal Coalition (“MARC”) to charge his/her credit card for the amount indicated. The cardholder agrees to reimburse MARC for any fees associated with challenged/disputed transactions that are resolved in favor of the merchant (MARC).

Signature of Cardholder: \_\_\_\_\_

Please return 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.

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