



MAIL TO: 18 Timberline Drive • Farmington, CT 06032
FAX TO: (860) 674-1378

Order Form

Purchase: "Know Your Rights: A Handbook for Patients with Chronic Illness"

Quantity	Title	Price per Item	Subtotal (Price times Quantity)
	Know Your Rights	\$30.00	

Subtotal:\$_____

Shipping:\$_____

1 book: \$3.50 **3 books** \$6.50 **5 books** \$9.50
2 books: \$5.00 **4 books** \$8.00 **6 books** \$11.00

For information about bulk orders, please call Jennifer Jaff at (860) 305-9835
Purchases may be subject to sales or use tax in the state in which you reside.

Donation:\$_____

All donations are tax deductible.

TOTAL CHARGE :\$_____

Payment details: Check Money Order Credit Card
 Mastercard Visa American Express Other (please state) _____

ATM CARDS NOT ACCEPTED

Cardholder Name: _____

Credit Card Number: _____ Exp Date: _____ 3 digit verification number: _____
 (on the back of your credit card. We cannot process without this). If AmEx, it's 4 digits on front of card.

Shipping Information

Name: _____
 Address for shipping):
 Street, Apartment number, other: _____
 City, State, Zipcode: _____
 Telephone number: _____ Email Address: _____

Please mail or fax this completed form, along with your check, money order, or credit card information to:

Advocacy for Patients with Chronic Illness, Inc.
18 Timberline Drive • Farmington, CT 06032
FAX: (860) 674-1378 (only credit card purchases may be faxed)