



MATERIALS REQUEST FORM BILLING INVOICE

Name: _____

Name of Organization: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____ County: _____

Email: _____

Source of Request: FAX Mail Phone Website Walk-In Email

Type	Item	# Per Pkg	# Packages Ordered	Processing Fee Per Pkg	Total Cost
Brochure	Help Prevent Child Abuse Indiana (Limit 2 pkgs per month)	50		\$0.50	\$
Brochure	When, What & How To Report (Limit 2 pkgs per month)	50		\$0.50	\$
Brochure	Wait A Minute! Prevent Shaken Infant Syndrome <input type="checkbox"/> English (Limit 2 pkgs per month) <input type="checkbox"/> Spanish (Limit 2 pkgs per month)	50	English _____ Spanish _____	\$0.50	\$
Brochure	Home Alone <input type="checkbox"/> English (Limit 2 pkgs per month) <input type="checkbox"/> Spanish (Limit 2 pkgs per month)	50	English _____ Spanish _____	\$0.50	\$
Brochure	Love With Words (Multiple Languages) (Limit 2 pkgs per month)	50		\$0.50	\$
Brochure	Stress Management <input type="checkbox"/> English (Limit 2 pkgs per month)	50		\$0.50	\$
Card	Take Good Care Cards (English on front/Spanish on back) (Limit 2 pkgs per month)	50		\$0.50	\$
Brochure	Ten Tips On Being A Good Dad <input type="checkbox"/> English (Limit 2 pkgs per month) <input type="checkbox"/> Spanish (Limit 2 pkgs per month)	50	English _____ Spanish _____	\$0.50	\$
Card	Tips for Tears/Tips for Stress (Limit 2 pkgs per month)	50		\$0.50	\$
Brochure	Water Safety (Limit 2 pkgs per month)	50		\$0.50	\$
Wristbands	Blue Wristbands (Limit 5 Pkgs per month)	10		\$1.00	\$
Ribbon	Satin Blue Ribbons w/Sticky Tab (Limit 1 Pkg per month) Available for a limited time	250		\$4.00	\$
Button/Pin	"Cherishing Children-Affirming Families" 1 3/4" Round Button Style Pin (Limit 4 Pkgs per month)	25		\$2.00	\$
TOTAL					\$

Method of Payment:

Check Check # _____

Credit Card # _____ Expiration Date: _____ Zip Code: _____

This is your Billing Invoice

Email to kking.pcain@villages.org or fax to 317-542-7003

All materials are also available on our website – www.pcain.org