

Order Information

*Please make copies so others may use it.

If billing address is different from ship to address please complete billing area.



Contact Name _____

Organization _____

Street Address _____

City/State/Zip _____

Phone/Fax _____

E-mail Address _____

School Website _____

Quantity	Item	Unit Cost	Total

Shipping & Handling

Under \$50.00	\$8
\$50.01 - \$100.00	10%
\$100.01 - \$240.00	8.5%
\$240.01 - \$500.00	8%
\$500.01 - \$999.99	8.5%
\$1,000.00 or more	7%

Subtotal _____

Shipping & Handling _____
(see chart)

6% Tax _____
(if applicable)

TOTAL _____

Order Options

Phone: 317.638.3501 x 232

Fax: 317.638.3540

(If faxing order, please write only in white areas)

www.icrud.org

Mail:

Indiana Coalition to Reduce Underage Drinking
Mental Health America of Indiana
1431 N. Delaware
Indianapolis, IN 46202

Bill our organization, PO# _____

Check/Money Order _____
(Checks payable to ICRUD/OR)

Need order by: ___/___/___

Please allow two weeks for delivery.

If your order is tax exempt, please indicate your Tax ID # _____

Our promise: As always, if you are not completely satisfied with any Orange Ribbon product, let us know within 30 days of receipt and we will gladly issue an immediate credit or refund.