

Date: _____



ORDER FORM

Description	Quantity	Item Prices (Before shipping & handling)	Total (Quantity x Item Prices)
The Disease with a Thousand Faces (Book)		\$19.95 each	
Wristbands (Please indicate quantity for each language and size) Adult, EN _____ Adult, FR _____ Youth, EN _____ Youth, FR _____	(Total quantity of wristbands)	\$5.00/1 wristband \$15.00/5 wristbands \$20.00/10 wristbands	
Sweatshirts (Please indicate quantity for each size) S _____ XL _____ M _____ XXL _____ L _____	(Total quantity of sweatshirts)	\$35.00 each	
Lupus logo baseball hats		\$10.00 each	
Angel of Hope lapel pin		\$7.95 each	
Lupus logo lapel pin		\$4.00 each	

SUBTOTAL _____

SHIPPING & HANDLING FEE + _____
(Add \$3.00 if subtotal is below \$19.99; add \$5 for subtotal \$20 and up)

FINAL TOTAL _____

PAYMENT

Visa Mastercard Amex Cheque # _____

Card Number _____ Exp. _____

Authorization # (for internal use) _____

DELIVERY INFORMATION

Name: _____ Tel: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

E-mail: _____