

MICHIGAN PARKINSON FOUNDATION
ORDER FORM

Name: _____

Address: _____

City/State/Zip _____

Phone: () _____ Email: _____

<u>Item</u>	<u>Quantity</u>	<u>Size</u>	<u>Price per unit</u>	<u>Total</u>
Ceramic Cup	_____		\$5.00	_____
MPF Polar Fleece Jacket	_____	Med	\$35.00	_____
	_____	Lge	\$35.00	_____
	_____	X-Lge	\$35.00	_____
	_____	XX-Lge	\$35.00	_____
MPF Burgundy Caps	_____		\$5.00	_____
MPF Tee Shirts	_____	Med	\$5.00	_____
	_____	Lge	\$5.00	_____
	_____	X-Lge	\$5.00	_____
	_____	XX-Lge	\$5.00	_____
<u>Nursing Home Video</u>	_____		\$5.00	_____
<u>In Their Own Words</u>	_____		\$5.00	_____
Book prices vary - contact MPF office)				
<u>Eating Well w/Parkinson</u>	_____		\$10.00	_____
By Katherine Holden, RD				
_____	_____		\$	_____
_____	_____		\$	_____

SUBTOTAL \$ _____

SHIPPING (first class) _____

MI Sales tax (6%) _____

Amount Due \$ _____

Payment type: check: _____ Money order: _____

Visa/Mastercard Number: _____

Expiration date: _____

MAIL TO: Michigan Parkinson Foundation
30400 Telegraph Road, Suite 150,
Bingham Farms, MI 48025.