



Threads of Remembrance Order Form

The items marked with asterisks (*) are mandatory. If you would like a duplicate pattern package, please inquire about cost. Please fill out this form and send to: Meriter Women's Health Administration, Attn: Threads of Remembrance, 202 S. Park Street, Madison, WI 53715

Master Pattern Package with DVD, \$58 each

Number Requested: ____

Custom Appliqué Software, \$45 each

Number Requested: ____

Format: ____ CD ____ Diskette

Total Cost

Total Cost of Your Order: \$_____

(Note that shipping and handling is included)

How Did You Hear About This Service?

Bereavement Services

National Conference

Meriter Web Site / Search Engine Listing

Word-of-Mouth

Other

Your Information

* Name: _____

* Title: _____

* Hospital Affiliation: _____

Shipping Address

* Address: _____

* City: _____

* State: _____

* Zip Code: _____

* Phone Number: _____

E-mail Address: _____

Payment Card Information

I've included a check

I'll pay through Hospital PO Number _____

Please charge the following credit card:

Cardholder's Name: _____

Cardholder's Address: _____

Card Type: _____ Visa _____ MasterCard _____ Discover

Card Number: _____

CID Code: _____

Expiration Date: _____