# Order Form

## Mid-Atlantic Renal Coalition's Advance Care Planning Brochure

**Name:** _____
First Last

**Billing Address:**_____

_____
City State Zip

**Telephone:** (_____)_____ **Fax:** (_____)_____

**Shipping Address:** _____

_____
City State Zip

"Advance Care Planning: For Dialysis Patients and Their Families" Brochure

- ☐ Bundle of 10 for $6.00 x _____ quantity = $ _____
- ☐ Bundle of 25 for $11.00 x _____ quantity = $ _____
- ☐ Bundle of 50 for $17.00 x _____ quantity = $ _____

Total $ _____

Box of 800 brochures: If you are interested in purchasing 1 or more 800-count boxes of the brochure, please contact the MARC office for a price quote prior to submitting your Order Form (cost varies, depending on shipping address).

Payment is accepted by check or money order. Please make checks payable to: MARC
Your order will not be processed until payment is received. Thanks.

**Please return completed form with payment to:**
**Mid-Atlantic Renal Coalition**
**300 Arboretum Place**
**Suite # 310**
**Richmond VA 23236**

**Call (804) 320-0004 for any additional questions you may have. Thanks.**
*Please allow 10 business days for processing.