



HOSPITAL INITIATIVE 2019

5450 Second Avenue
Pittsburgh, PA 15207
Phone: 412.322.5680 x7
ONLY SUBMIT ORDERS TO :
orders@cribsforkids.org

BILLING ADDRESS:
 Company Name _____
 Address _____

 City, State, Zip Code _____
 Contact Person _____
 Telephone # _____
 E-mail _____

SHIPPING ADDRESS:
 Company Name _____
 Address _____

 City, State, Zip Code _____
 Contact Person _____
 Telephone # _____
 E-mail _____

Date Issued _____ Purchase Order # _____

SUBMIT ORDERS TO: orders@cribsforkids.org or *Partners can place orders at the Cribs for Kids Store*
Contact Maggie Phoenix mphoenix@cribsforkids.org *for an invite to log into the store.*
For customer assistance, please call Tiffany Price 412.322.5680, ext. 112 or email tprice@cribsforkids.org

Payment Method

Pay by Check # _____ Pay with Funds on File Pay by Invoice (Net 30 Days)
 Visa MC Discover American Express Cardholder Name _____
 Address, City, State and Zip Code as it appears on credit card statement _____
 Card # _____ Exp. Date _____

ITEM #	ITEM DESCRIPTION	QTY	UNIT COST	TOTAL
C4K-ABC 2018	Cribette English		54.99	
C4K-ABCSP 2018	Cribette Spanish		54.99	
HIAA15	8 Steps for Safe Sleep 11x17" Poster (African American Baby) *English and Spanish on Poster		.40	
HIC15	8 Steps for Safe Sleep 11x17" Poster (Caucasian Baby) *English and Spanish on Poster		40	
HIAA15-8	8 Steps for Safe Sleep 8.5x11" Poster (African American Baby English)		.25	
HIAAS15-8	8 Steps for Safe Sleep 8.5x11" Poster (African American Baby Spanish)		.25	
HIC15-8	8 Steps for Safe Sleep 8.5x11" Poster (Caucasian Baby English)		.25	
HICS15-8	8 Steps for Safe Sleep 8.5x11" Poster (Caucasian Baby Spanish)		.25	
HIAADH15	Safe Sleep for Your Baby Door Hanger (African American Baby) *English on one side and Spanish on the other		.65	
HICDH15	Safe Sleep for Your Baby Door Hanger (Caucasian Baby) *English on one side and Spanish on the other		.65	
SSC15	Safe Sleep Certificate for Parents		.20	
NICUS15	NICU Safe Sleep Certificate		.20	
SSFP13	Safe Sleep Educational Flip Chart		25.00	
			SHIPPING	
Updated 03/04/19			BALANCE DUE	

Authorized by: _____ Print name: _____
Complete email address to have invoice emailed, otherwise we will mail invoice to the "bill to" address.
