



EDUCATIONAL PRODUCT ORDER FORM 2018

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 Phenik mphenik@cribsforkids.org for an invite to log into the store.

For customer assistance, please call Barbara Clemons 412.322.5680, ext. 7 or email bclemons@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
ABCB12	"ABCs of Safe Sleep" Brochure English _____ Spanish _____		.50	
CFKSSB12-1	"Safe Sleep for Your Baby Brochure" English _____ Spanish _____		.50	
SSST18	" Safe Sleep Survival Tips" English _____ Spanish _____		.50	
PFM08	New "ABC" Photo Frame Magnet English _____ Spanish _____		.70	
TC14	Temperature Card English _____ Spanish _____		1.25	
SC14	"When You Smoke, So Do I" Card English _____ Spanish _____		.25	
GP14	"Safe Sleep for Your Grandbaby" Card English _____ Spanish _____		.25	
SPSSD08	Spanish Safe Sleep DVD		15.00	
HHRG	Healing Hearts Infant Bereavement Resource Guide		7.00	
SSP13	Safe Sleep Pen with Six (6) Safe Sleep Messages		1.50	
SSFP13	Safe Sleep Educational Flip Chart		25.00	
			SHIPPING	
REVISED 1/30/18			BALANCE DUE	

Order Authorized by: _____ Print name: _____

Complete email address to have invoice emailed, otherwise we will mail invoice to the " bill to" address.
