



**While Supplies Last**  
**Merchandise Order Form**

ITEM	Qty.	Color	Size	Price	Total

**Merchandise Total** \_\_\_\_\_  
**Shipping Charges** \_\_\_\_\_  
**Total Amount** \_\_\_\_\_

**Shipping Charges to be determined by weight. Please email [donna.joly@bartoncenter.org](mailto:donna.joly@bartoncenter.org) with the items & quantity you want to purchase and you will receive a response with the shipping charges. Packages will be shipped Priority Mail.**

**METHOD OF PAYMENT**

Check enclosed \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_

Name on card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3-digit Verification #: \_\_\_\_\_

Recipient Name: \_\_\_\_\_

Ship To (no PO Boxes): \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Please provide your phone number or email address so we may contact you in the event an item is out of stock.**

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mail check & completed form to The Barton Center for Diabetes Education, Inc., PO BOX 356, North Oxford, MA 01537. You may also fax your completed order with credit card information to (508) 987-2002 or email [donna.joly@bartoncenter.org](mailto:donna.joly@bartoncenter.org).