



While Supplies Last
Merchandise Order Form

ITEM	Qty.	Color	Size	Price	Total

Merchandise Total _____
Shipping Charges _____
Total Amount _____

METHOD OF PAYMENT

Check enclosed _____ MasterCard _____ Visa _____ Amer Ex _____

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: _____

Please email your completed order to donna.joly@bartoncenter.org or mail your check payable to The Barton Center & completed form to The Barton Center for Diabetes Education, Inc., PO BOX 356, North Oxford, MA 01537.