



While Supplies Last
Merchandise Order Form

ITEM	Qty.	Color	Size	Price	Total

Total _____

METHOD OF PAYMENT

Check enclosed _____ MasterCard _____ Visa _____ Amer Ex _____

Name on card: _____ Zip Code: _____

Credit Card #: _____ Exp Date: _____ 3-digit CVV#: _____

Address: _____

Please provide your phone number or email address so we may contact you in the event an item is no longer available.

Phone: _____ Email: _____

***Shipping charges are determined at time of mailing and will be added to your total cost.**

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.