



Better Staffing: Better Care

CAMPAIGN POSTCARDS

Store Order Form

NAME: _____ DATE: _____

ITEM	PRICE	SHIPPING	QUANTITY
100 postcards	FREE	\$10	
300 postcards	FREE	\$13	
500 postcards	FREE	\$13	
		SUBTOTAL	
		TOTAL	

Name _____
 Organization _____
 Address _____
 City/State/Zip _____
 Email _____
 Phone _____

PAYMENT METHOD

- Check/Money Order (Make Payable to The Consumer Voice)
 VISA Master Card American Express

Credit Card #: _____
 Exp. Date: _____
 Print Cardholder's Name: _____
 Cardholder's Signature: _____

Mail to: The Consumer Voice, 1001 Connecticut Ave., NW, Suite 425, Washington, DC 20036

Email to: acelentano@theconsumervoice.org

Fax to: 866-230-9789