National Hospice and Palliative Care Organization

NHPCO'S MEMBERSHIP PLAQUE ORDER FORM

Name_____ Email_____

Organization_____ Provider ID #_____

Address *(no PO Boxes)*_____

City_____ State_____ Zip_____

Phone_____ Fax_____

Product Title	Item #	Price	Quantity *indicate year(s) and quantity*	Amount Due
Walnut Membership Plaque*	700400	$42.50 each		
Brass Year Plate	700450	$3.50		

How To Order

FAX: Fax completed orders to (703) 837-1233

MAIL: NHPCO, P.O. Box 824392, Philadelphia PA 19182-4392

PHONE: Call NHPCO Solutions Center at (800)646-6460

EMAIL: solutions@nhpco.org

Order Subtotal	
Shipping & Handling** $8.00 per plaque / $2.00 per plate	
Sales Tax 6% (VA Residents)***	
TOTAL DUE	

Plaque Name Specifications

*Please indicate the name as it should appear on the plaque. There is a maximum of 25 characters (total of letters, spaces & punctuation).
IMPORTANT: Please type or print clearly.

Name _____

Payment Information

- Checks must be in US funds.
- A charge of $25 will apply to checks returned for insufficient funds.

****SHIPPING & HANDLING:**
Please allow at least 1 - 2 weeks processing time.

*****SALES/USE TAX:**
We are required to collect sales/use tax for VA residents.
VA residents add 6%. To claim exempt status, please include the following:
❑ My exemption number is _____
❑ Enclosed is a copy of my certificate.

Check # _____ or ❑ VISA ❑ MasterCard ❑

CREDIT CARD NUMBER EXP DATE

Visa/MC Cvv Code
3-digits back right side.

AMEX Cvv Code
4-digits front right side.

NAME ON CARD (PLEASE PRINT CLEARLY)

SIGNATURE DATE