



## ORDER FORM / SHOPPING CART

**Yes!** I would like to purchase a license to appear on the Assuringyourwishes website. I understand that my section on the website and all marketing materials will be customized to my organization.

<input type="checkbox"/> \$3000 /yr. for HPCANYS members	\$
<input type="checkbox"/> \$4000 /yr. for non-members	\$

## STARTER KIT

**Yes!** I would like to purchase the Assuringyourwishes.org starter kit. The starter kit includes customized website, consumer and physician databases, 500 letterheads, 500 membership ID cards, 500 customized brochures, 500 #10 & 9"X12" envelopes, and complete technical support.)

<input type="checkbox"/> \$4,470 for HPCANYS members	\$
<input type="checkbox"/> \$5,470 for non-members	\$

## STATIONARY

**Yes!** I would like the following customized materials:

<input type="checkbox"/> 500 sheets of letterhead — Total \$255.00	\$
<input type="checkbox"/> 500 sheets of membership ID cards — Total \$451.12	\$
<input type="checkbox"/> 500 #10 business envelopes — Total \$290.90	\$
<input type="checkbox"/> 500 9"x12" outer mailing envelopes — Total \$361.75	\$
<input type="checkbox"/> 500 brochures — Total \$312.75	\$

## PREMIUMS

**Yes!** I would like the following customized materials to complement our program:

<input type="checkbox"/> 100 mousepads (minimum) — Total \$685.00	\$
<input type="checkbox"/> 100 Uniball Vision Elite Roller pens (minimum) — Total \$364.00	\$
<input type="checkbox"/> 300 nurse rope pens (minimum) — Total \$735.00	\$
<input type="checkbox"/> 500 4 1/8" X 7 1/8" note pads (minimum) — Total \$420.00	\$
<input type="checkbox"/> 500 Post-it-Note pads 3" x 4"(minimum) — Total \$798.00	\$
<input type="checkbox"/> 100 staplers (minimum) — Total \$520.00	\$
<b>TOTAL</b>	<b>\$</b>



This page should accompany a signed licensing agreement, survey, order form and sent to:

**Assuringyourwishes.org**

c/o United Hospice of Rockland, Inc.,  
11 Stokum Lane  
New City, NY 10956

Please complete the following: (PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Ext: \_\_\_\_\_

Email Address: \_\_\_\_\_

I have enclosed a check.

I am paying by credit card. Select one:

Mastercard  Visa  American Express

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ - \_\_\_\_\_ 3 Digit Pin on back: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_