



**help me be healthy**

**2017 Fall Co-Op Order Form**

**P:** 888-531-9001 x102

**F:** 703-241-9060

**E:** info@helpmebehealthy.net

Co-Op pricing honored through September 22, 2017

DESCRIPTION	# OF PAMPHLETS		TOTAL PAMPHLETS	COST
	English	Spanish		
<b>Mother Series (\$0.95 each)</b>				
Tips for a Healthy Pregnancy				\$
Health Tips for New Moms				\$
<b>Infant Series (\$0.40 each)</b>				
Birth to 6 Months				\$
6 Months to 12 Months				\$
<b>Child Series (\$0.35 each)</b>				
1 to 1½ years				\$
1½ to 2 years				\$
2 to 2½ years				\$
2½ to 3 years				\$
3 to 3½ years				\$
3½ to 4 years				\$
4 to 4½ years				\$
4½ to 5 years				\$
<b>Shipping &amp; Handling Cost Guide</b> \$30 for every 1,000 copies (for within the contiguous US - please call for outside)  1-1,000.....\$30    4,001-5,000.....\$150 1,001-2,000.....\$60    5,001-6,000.....\$180 2,001-3,000.....\$90    6,001-7,000.....\$210 3,001-4,000.....\$120    7,001-8,000.....\$240	<b>SUBTOTAL:</b>			\$
	SHIPPING & HANDLING (SEE GUIDE TO LEFT)			\$
	CREDIT CARD FEE* (IF APPLICABLE)			\$
	FOR VIRGINIA SALES, ADD 6% TAX, UNLESS NONPROFIT STATUS			\$
	<b>TOTAL COST OF ORDER:</b>			<b>\$</b>

AGENCY NAME:	
CONTACT NAME:	BILLING CONTACT:
EMAIL:	EMAIL:
PHONE:	PHONE:
FAX:	FAX:
SHIPPING ADDRESS (street address required for contiguous US delivery):	BILLING ADDRESS:
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
<b>SEND PAYMENT TO:</b> Crabtree + Company, 200 Park Avenue, Falls Church, VA 22046	
PAYMENT METHOD: <input type="checkbox"/> Check payable to Crabtree + Company <input type="checkbox"/> EFT <input type="checkbox"/> Credit Card <input type="checkbox"/> Purchase Order #:	
FEDERAL TAX ID #: 54-1251986 <small>Sole source letters and W-9 forms available upon request.</small>	TAX EXEMPT # (VA ONLY):
SIGNATURE TO PLACE ORDER:	DATE OF ORDER:
<b>* 4% service charge added to the total cost of all credit card orders</b>	
CREDIT CARD #:	CVV: EXP. DATE:
NAME ON CARD:	