

The Caring Connection SNAP Packet Order Form

I would like to order the following:

- SNAP Packet One (Shortness of Breath, ADL Impairments, HIV/AIDS)
- SNAP Packet Two (Urinary Incont., Respiratory Conditions, Preventing Hosp.)
- SNAP Packet Three (Alzheimer's, Preventing Falls, Improving Pain)
- SNAP Packet Four (Difficult Behavior, Managing Medications, Patient Rights)

PLEASE PRINT CLEARLY

Purchaser's Name: _____

Agency Name: _____

Shipping Address : _____

City, State, Zip _____

Phone: _____ Email Address: _____

(For Order Status)

Total SNAP Packets _____ x \$139.00 = _____
Sales Tax (6.75%) = _____
Shipping & Handling (FedEx Express 3-day) = 17.00

TOTAL = _____

Payment

My check (payable to AHHC) is enclosed in the amount of \$ _____ (Total above)

Visa MasterCard American Express Discover

Credit Card Number _____ Exp. Date: _____ Security Code: _____

Name (as it appears on card) _____

Address (of cardholder) _____

Signature (required) _____

Purchase all 4 SNAP Packets (1 2 audio cd's) for \$499.00, a savings of over \$50.00

Once your order has been processed, you will be notified at the Email address you provide. Your Federal Express Tracking Number will be included to allow you to track your package once it leaves AHHC. If you have any questions, please contact Richard Fowlkes at richardfowlkes@homeandhospicecare.org or call 919-848-3450. You may mail this form to AHHC, 3101 Industrial Drive, Suite 204, Raleigh, NC, 27609 or fax to 919-848-2355. Thank you.