

Michigan Coalition Against Domestic and Sexual Violence
3893 Okemos Road, Suite B2, Okemos, MI 48864
Telephone (517) 347-7000 / Fax (517) 347-1377

PUBLICATION ORDER FORM

Sexual Assault Handbook 1 Case (approx. 180)___ x \$175.00 = _____
A Handbook for Survivors of Sexual Assault Shipping & Handling included in price

Friends & Family Handbook 1 Case (approx. 200)___ x \$175.00 = _____
A Handbook for Friends & Family of SA Survivors Shipping & Handling included in price

Sexual Assault Victim Assistance Cards (tri-fold) Quantity of 500 _____ x \$52.00 = _____
No One Deserves to Be Sexually Assaulted Shipping & Handling included in price

Dating Violence Pamphlet Quantity of 100 _____ x \$21.00 = _____
Are Your Students Living with Domestic Violence or Involved in a Violent Dating Relationship? Shipping & Handling included in price

Manuals: Shipping & Handling included in price

Sexual Assault Nurse Examiner Resource Quantity of 1 _____ x \$35.00 = _____
Guide for Michigan Communities

Confidentiality Policy Considerations and Quantity of 1 _____ x \$45.00 = _____
Recommendations:
A Resource Manual for Michigan DV and SA Programs

Attach MI Sales Tax and Use Tax Certificate of Exemption **OR Add** .06% MI Sales Tax = _____
 * Tax ~ Exempt FEIN Number * _____

TOTAL \$ _____

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Billing email address: _____

For MCADSV use only	
Invoice #: _____	Check/CC Auth#: _____
Recd on: _____	Recd by: _____
Dep. #: _____	Shipped on: _____

Please make **checks payable to MCADSV**, and return by fax or mail.
ATTN: ACCOUNTS RECEIVABLE
 Order is sent upon receipt of payment.
 Questions? Contact us at (517) 347-7000
 Form Revised 11/08/2011