

**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 \$155.00 = \_\_\_\_\_  
*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 \$ \_\_\_\_\_**

Order Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone: (\_\_\_\_)\_\_\_\_\_ -- \_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_ -- \_\_\_\_\_

*Enclose a **check payable to MCADSV** for the total due or include credit card information below:*

Visa  MasterCard  Discover  AmEx Amount \$: \_\_\_\_\_  
 Account#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ *Signature* \_\_\_\_\_

<b>For MCADSV use only</b>	
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, ext. 30  
 Form Revised 1/15/2010

