

DVD order form

We invite you to order with confidence using a check, credit card or your company's purchase order

Yes! I would like to order dementia care education.

Please indicate the number of videos on the line provided below (Prices include 6.75% NC Sales Tax)

_____ (\$50.00) Dementia Care for America's Heroes Part 1
_____ (\$35.00) Dementia Care for America's Heroes Part 2: Communication
_____ (\$35.00) Dementia Care for America's Heroes Part 3: Progression
_____ (\$100.00) 3-Part Set (over 5.5 hours of training)
+ S&H (\$ 9.50)

_____ **Total**

Check enclosed (Please make your check payable to *Partnerships for Health*)

Shipping address:

Your name: _____
Address: _____
Phone #: _____
Email: _____

Billing Address: (same?)

Your name: _____
Address: _____
Phone #: _____

Credit Card

Please charge my purchase to: Visa MasterCard American Express

Credit Card number:

_____ | _____ | _____ | _____ 3 digit CVC code _____

Your signature _____ Expiration Date _____

Company Purchase Order enclosed

Please mail my DVDs with an invoice for my company. Payment will be due upon receipt.

Your signature _____

Mail this order form to:

Partnerships for Health
169 Boone Square Street #196 Hillsborough, NC 27278
You can order online or contact us!
Go to: www.pfhnc.com

Thank you for supporting people with dementia and their caregivers!