



medicine
for all people

MEDICAL MISSIONS PACK ORDER FORM

MAP International 4700 Glynco Parkway Brunswick, GA 31525
Customer Relations: 912-280-6627 | Fax: 912-280-6638 | Email: orders@map.org

ACCOUNT	MAP Account Name: _____ MAP Account #: _____	CONTACT	Name: _____ Phone: _____ Fax: _____ Email: _____	MAP Use ↓													
	TRAVEL		TRAVEL DESTINATION City/Region: _____ COUNTRY: _____ MEDICINE/SUPPLIES DESTINATION Hospital/Clinic: _____ DEPARTURE DATE: _____ RETURN DATE: _____	SHIP TO	Name: _____ Street: _____ _____ City: _____ State: _____ ZIP: _____ Phone: _____	Order #:	Acct #:										
PAYMENT	Payment must accompany your order. Service fee is tax deductible. Packs may not be returned for a refund. <input type="checkbox"/> Check (note account name on check - if faxing order, include copy of check) <input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER Card #: _____ Expiration Date: _____ Card Holder's Name: _____ Security Code: _____ Card Holder's Billing Address: _____ _____			TT:	Offer #:												
ORDER	<table border="0"> <thead> <tr> <th></th> <th><u>Service Fee</u></th> <th><u>Quantity</u></th> <th><u>Service Fee Totals</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Medical Missions Pack RX</td> <td>\$200</td> <td>X _____</td> <td>= \$ _____</td> </tr> <tr> <td><input type="checkbox"/> Medical Missions Pack OTC</td> <td>\$150</td> <td>X _____</td> <td>= \$ _____</td> </tr> </tbody> </table> <p>***Shipping cost is NOT included in the service fee and will be determined by the MAP Customer Relations Team based upon the shipping address you provide. ***</p>				<u>Service Fee</u>	<u>Quantity</u>	<u>Service Fee Totals</u>	<input type="checkbox"/> Medical Missions Pack RX	\$200	X _____	= \$ _____	<input type="checkbox"/> Medical Missions Pack OTC	\$150	X _____	= \$ _____	ETA:	Ship Date:
	<u>Service Fee</u>	<u>Quantity</u>	<u>Service Fee Totals</u>														
<input type="checkbox"/> Medical Missions Pack RX	\$200	X _____	= \$ _____														
<input type="checkbox"/> Medical Missions Pack OTC	\$150	X _____	= \$ _____														
DONATIO	<p><i>Any additional donation to help support MAP's medicine programs is very much appreciated. If you wish to contribute, please indicate the extra amount here: \$ _____</i></p> <p style="text-align: right;">Thank You!</p>																