

DATE: \_\_\_\_\_

# Happy Hope Order Form



## CUSTOMER INFORMATION

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

| DESCRIPTION       | UNIT PRICE | QUANTITY                      | TOTAL |
|-------------------|------------|-------------------------------|-------|
| Clinic Packets    | \$5/unit   | 100 minimum<br>\$500 Donation |       |
| Outpatient/ER     | \$10/unit  | 25 minimum<br>\$250           |       |
| Overnight         | \$15/unit  | 25 minimum<br>\$375           |       |
| Long Term Patient | \$25/unit  | 25 minimum<br>\$625           |       |
|                   |            | Total Donation                |       |
|                   |            |                               |       |
|                   |            |                               |       |

Donation Details:     CHECK     CREDIT CARD

Credit Card Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CID#: \_\_\_\_\_