

PART 1 - Personal Info.

NAME: _____ PHONE: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 EMAIL: _____

PART 2 - ERC Brochures

QTY	ITEM	AMT	TOTAL
1	ERC General Brochure	No Charge	
1	ERC GirlTalk Brochure	No Charge	

If you are ONLY requesting brochures, please ONLY complete Part 1 and Part 2 and return form to the ERC.

PART 3 - ERC Gift Items

QTY	ITEM	AMT	TOTAL
1	ERC Awareness T-Shirts <i>(one size only)</i>	\$20.00	N/A
1	ERC 12-month Calendar	\$20.00	N/A
1	Endo Awareness Ribbons	donation requested	Out of Stock
1	ERC Water Bottle	\$5.00	
1	ERC License Plate Frame	\$3.50	
1	ERC License Plate Frame (3 or more)	\$3.00	
1	ERC Tote Bag	\$10.00	
SUB-TOTAL			\$

N/A = No Longer Available; Visit the ERC's Cafe Press stores.

PART 4 - Total

Sub Total of ERC Gift Items (PART 3)	\$
Shipping and Handling	\$ 4.95
I would like to make an additional donation to the ERC	\$
TOTAL AMOUNT:	\$

PART 5 - Payment Information

_____ Enclosed is my check or money order made payable to the "Endometriosis Research Center".
 _____ Please bill the the following credit card:
NOTE: Credit card charges will be processed through PayPal

CREDIT CARD INFORMATION:

Type of Credit Card (please circle):

VISA MASTERCARD AMEX DISCOVER

Name as it appears on the card:

Credit Card # _____

Exp. _____ Security Code: _____

Credit Card Billing Address (if different than mailing address):

Address: _____

City: _____ St.: _____ Zip: _____

Scan and email this form to:
 askerc@endocenter.org
 OR
Mail this form and make
check or money order payable to:
 Endometriosis Research Center
 ATTN: ERC Order Form
 630 Ibis Drive / Delray Beach FL 33444
 OR
Fax to: (561) 274-0931

Thank you!

Please allow up to 4 weeks for delivery.