



Elder Affairs Printed Material Order Form

Fax form to (850) 222-9581

Ordered By: _____ **Date of Order** _____

Department Name _____
 (PLEASE PRINT ALL INFORMATION)

Contact Name _____

Phone _____ Fax _____

Email Address _____

Ship to: _____ **Date to Receive By** _____

Contact Name _____

Contact Phone _____

Shipping Address _____

Shipping Address _____

City, State, Zip _____

<u>Quantity</u>	<u>Description</u>	<u>Shipping Cost</u> (For Graphateria Use Only)
_____	English Business Card Brochure	_____
_____	Spanish Business Card Brochure	_____
_____	English Brochure	_____
_____	Spanish Brochure	_____
_____	English Recruitment Brochure	_____
_____	Spanish Recruitment Brochure	_____
_____	English Assisted Living Facilities Insert	_____
_____	Spanish Assisted Living Facilities Insert	_____
_____	English Nursing Home Insert	_____
_____	Spanish Nursing Home Insert	_____
Total Shipping		_____