



MASSACHUSETTS PAIN INITIATIVE

A Member of the Alliance of State Pain Initiatives

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Mailing Address:
 7 Barbara Road ■ Walpole, MA ■ 02081

MASSACHUSETTS PAIN INITIATIVE – PAIN MANAGEMENT POCKET TOOLS ORDER FORM

SHIP TO: All blue shaded areas are form fields that can be completed online; most of the order details will be automatically calculated

Name:	
Organization:	
Street Address:	
City, State & Zip Code:	
Telephone:	Ext. or Add'l. Telephone:
Email Address:	

CHARGES FOR POCKET TOOLS:

Quantity of Pocket Tools	Free Order (1 - 5)	First 100 Paid (6 - 100)	Costs for the Additional <i>After</i> the First 100 Paid	
			Up to 400 More Paid (Use if 1 - 400 Add'l.)	Up to 900 More Paid (Use if 401 - 900 Add'l.)
Pocket Tool Cost (each)	Free	\$1.00	\$0.50	\$0.50
Shipping & Handling Cost	Free	\$5.00	\$20.00 <i>OR</i>	\$30.00

PLEASE COMPLETE POCKET TOOLS ORDER: Enter quantities to reach desired total *plus* correct shipping charge from chart above

Quantity of Pocket Tools	Free Order (1 - 5)	First 100 Paid (6 - 100)	Additional Up to 900 Paid (Enter 1 - 900 Additional; Use Only for Quantities After the First 100 Paid)	Total Order
Total Quantity	+	+	=	
Cost Per Pocket Tool	Free	\$	\$	--
Pocket Tool Cost	Free	\$	\$	\$
Shipping & Handling Cost	Free	\$	\$	\$
Total Cost	Free	\$	\$	\$

PLEASE CLICK OR CHECK METHOD OF PAYMENT: No cash please

	Check Enclosed (Make payable to: <i>American Cancer Society, MassPI Fund</i>)	
	Credit Card - VISA	Signature
	Credit Card - MasterCard	
All information is required for VISA or	Cardholder's name:	
	Account Number:	
	Expiration Date:	3-Digit Security Code: (Back of card after signature)
	<u>Cardholder's Billing Address (required):</u>	
	City:	State:

COMPLETE, PRINT, AND MAIL TO:

Massachusetts Pain Initiative
 7 Barbara Road
 Walpole, MA 02081

Please *do not* send this form with credit card information in an email as it is not secure.

We are only able to accept checks, VISA or MasterCard for payment.

QUESTIONS & SHIPPING FOR 500+:

Send email to: info@masspaininitiative.org