



**SHIPPING ADDRESS**

Organization: \_\_\_\_\_  
 Attention: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BILLING ADDRESS**

Organization: \_\_\_\_\_  
 Order Date: \_\_\_\_\_ PO#: \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOW AVAILABLE:** Updated brochures on Emergency Contraception Pills and Abnormal Pap Results from Planned Parenthood of Montana

ITEM	QUANTITY	COST PER UNIT	TOTAL
Emergency Contraceptive Pills (ECP) brochure			
Abnormal Pap brochure			
<b>Price per quantity.</b> Prices allow for orders of combined quantities of each brochure: 1-100 brochures .....\$0.30 ea. 101-1000 brochures .....\$0.25 ea. 1001 or more brochures.....\$0.20 ea.		<b>Subtotal:</b>	
<b>Shipping &amp; Handling fee:</b> Add 15%. (Alaska & Hawaii include \$20.00)		<b>Shipping &amp; Handling:</b>	
		<b>Total</b>	

We prefer prepaid orders. If paying by check, please make payable to: **Planned Parenthood of Montana** and mail with your completed order from to:  
**Planned Parenthood of Montana**  
**211 9th Street South**  
**Great Falls, MT 59405**  
 Order by phone: (406) 454-3431 or fax: (406) 454-3433

**Payment by Credit Card**

Card type: \_\_\_\_\_  
 Card No.: \_\_\_\_\_  
 Expiration: \_\_\_\_\_  
 Name on card: \_\_\_\_\_  
 Signature: \_\_\_\_\_