

# American Red Cross

Revised: 09/08/2009

East GA Chapter  
490 Pulaski Street  
Athens, GA 30601

Phone: (706) 353-1645

Fax: (706) 353-4701

<b>Bill to:</b>  Phone: (    ) _____ ext. _____ Fax: (    ) _____ <b>Payment required at the time the order is placed or a purchase order is required. Please allow 7-10 business days for pickup or delivery. (PO#: _____)</b>	<b>Select One:</b>  _____ <b>Delivery Address:</b> Shipping/handling charge will be applied.  _____ <b>Pick-up:</b> ( No shipping/handling charge)  Name: _____ Pick-up date: _____
---	--

## ONLINE STORE ORDER FORM

<b>BREATHING BARRIERS</b>	<b>PRICE</b>	<b>QTY.</b>	<b>TOTAL AMOUNT</b>
CPR Face Shield Key Chain	\$3.00		
CPR Filtershield Key Chain (with gloves)	\$5.00		
Pocket Mask (includes gloves and wipe in a hard or soft pack)	\$15.00		
MiniKEY CPR Key Chain w/ One Way Valve	\$3.00		

<b>FIRST AID KITS</b>	<b>PRICE</b>	<b>QTY.</b>	<b>TOTAL AMOUNT</b>
Solo First Aid Kit	\$8.00		
Wallet First Aid Kit	\$1.25		
Large Pillow First Aid Kit	\$20.00		
Pet First Aid Kit	\$20.00		
Home & Travel First Aid Kit	\$25.00		
Vintage-Style Personal First Aid Kit	\$12.00		
Babysitter Kit-Portfolio	\$10.00		
Babysitter Kit- Drawstring Backpack	\$15.00		
Metro First Aid Kit	\$11.00		

<b>DISASTER PREPAREDNESS KITS</b>	<b>PRICE</b>	<b>QTY.</b>	<b>TOTAL AMOUNT</b>
1 Person Disaster Starter Kit	\$65.00		

<b>ADDITIONAL ITEMS:</b>	<b>PRICE</b>	<b>QTY.</b>	<b>TOTAL AMOUNT</b>
		<b>TOTAL</b>	

**PLEASE SIGN AT PICKUP TIME.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*For office use:*

**Amount Paid:** \_\_\_\_\_ **Invoice:** \_\_\_\_\_ **PO#:** \_\_\_\_\_  
**Payment type:** \_\_\_\_\_