

# Resource Order Form

**FAX to 403.270.3209 Please copy for your records.**

Date: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Shipping Address:

Billing Address (if different):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Method of Payment: Please Send Invoice  Cheque  Cash  VISA  MasterCard

I would like to receive my Invoice for this order by: E-mail  Fax  Mail

Visa/MasterCard # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Item #	Title or Description	Quantity	Price	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SUBTOTAL: \$ \_\_\_\_\_

**\$20.00 minimum order. All orders are GST exempt. Shipping & handling is billed on invoice.**

**Sexual Health Resource Centre | email: [resources@calgarysexualhealth.ca](mailto:resources@calgarysexualhealth.ca) | 402.283.5580**

