

Maryland Pharmacists Association
Foundation Fundraiser

Tile Order Form

Please Type or Print Clearly

First Name _____ Last Name _____

Address _____

City, State, Zip _____

Daytime Phone Number _____ Fax Number _____

- | | | | |
|--|-------|------------------------------------|---------|
| <input type="checkbox"/> MPhA Logo – Fixed (For members only) | 3"x6" | 3 Lines, 34 Characters ea. (\$125) | \$_____ |
| <input type="checkbox"/> Rx Symbol – Fixed | 3"x6" | 3 Lines, 34 Characters ea. (\$125) | _____ |
| <input type="checkbox"/> No Logo | 3"x6" | 3 Lines, 34 Characters ea. (\$125) | _____ |
| <input type="checkbox"/> Pill – Fixed (Your Logo) (Attach sample) | 6"x6" | 3 Lines, 34 Characters ea. (\$250) | _____ |
| Set-up Charge | | (\$35) | _____ |
| <input type="checkbox"/> Pill – Fixed (No Logo) | 6"x6" | 3 Lines, 34 Characters ea. (\$250) | _____ |
| Total | | | \$_____ |

(Complete section below with tile information)

Payment Information

Method of Payment: Check/Money Order Credit Card Visa MasterCard

Credit Card Number: _____ Expiration Date: _____

Signature: _____ For Office Use Only: _____

Please make your check payable to: MPhA Foundation

Fax your credit card order to: 410-727-2253

Or send payment to:

MPhA Foundation
650 W. Lombard Street
Baltimore, MD 21201-1572

