KIT FOR NEW PARENTS

SUBSCRIPTION ORDER FORM

☐ New Order ☐ Change Order ☐ Cancel Order

PLEASE SHIP TO:

Contact Name

Organization/Title

Address (**NO** P.O. Box)

City Zip

DATE KITS NEEDED: _____
Allow one-week for delivery

Receiving Name

Receiving Department

Phone Number Fax Number

E-mail

Special Shipping Instructions: ☐ Can accept Kits on Pallets ☐ Loading dock available ☐ Must have prior delivery appointment by phone

Other: _____

QUANTITIES REQUESTED for Subscription Term: July 2011 – June 2012

Please indicate how many *Kits* are needed for each month:

	July 2011	**Aug. 2011**	**Sept. 2011**	**Oct. 2011**	**Nov. 2011**	**Dec. 2011**
English Kits						
Spanish Kits						
Vietnamese Kits						
Chinese Kits						
• Mandarin						
• Cantonese						
Korean Kits						

	Jan. 2012	**Feb. 2012**	**Mar. 2012**	**April 2012**	**May 2012**	**June 2012**
English Kits						
Spanish Kits						
Vietnamese Kits						
Chinese Kits						
• Mandarin						
• Cantonese						
Korean Kits						

AUTHORIZATION:

Signature of First 5 Sacramento Commission Staff

Date

RETURN COMPLETED FORM TO:

FAX: (916) 876-5877 **OR**

MAIL TO: First 5 Sacramento, 2750 Gateway Oaks Drive, Suite 330, Sacramento, CA 95833

For questions, please contact: Debra Payne (916) 876-5870

paynede@saccounty.net

www.First5Sacramento.net