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

_____ _____
Phone Number Fax Number

DATE KIT(S) NEEDED: _____
Allow one-week for delivery

_____
Receiving Name

_____
Receiving Department

_____ _____
State Zip

_____
E-mail

Special Shipping Instructions: ☐ Cannot accept Kits on Pallets ☐ No loading dock available ☐ Must have prior 24-hr notice of shipment

Other: _____

QUANTITIES REQUESTED for Subscription Term: July 2008 – June 2009

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

	July '10	August '10	Sept. '10	Oct. '10	Nov. '10	Dec. '10
English Kits	_____	_____	_____	_____	_____	_____
Spanish Kits	_____	_____	_____	_____	_____	_____
Vietnamese Kits	_____	_____	_____	_____	_____	_____
Chinese Kits						
• Mandarin	_____	_____	_____	_____	_____	_____
• Cantonese	_____	_____	_____	_____	_____	_____
Korean Kits	_____	_____	_____	_____	_____	_____

	Jan. '11	Feb. '11	March '11	April '11	May '11	June '11
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