

ORDER FORM



Four ways to order:

ONLINE foundationcenter.org/marketplace

PHONE (800) 424-9836

FAX this completed form to: (212) 807-3677

MAIL to:

Foundation Center
32 Old Slip
New York, NY 10005

CODE	TITLE	QTY.	UNIT PRICE	TOTAL(S)

BULK ORDER DISCOUNTS for multiple copies of the same item or package shipped to one address.
 ♦ 5–24 copies: 20% off ♦ 25–49 copies: 25% off
 ♦ 50–99 copies: 30% off ♦ 100+ copies: 35% off

***Sales tax note:** We are required to collect sales tax on all orders shipped to CA, GA, and NY. Please add applicable sales tax, including county tax where relevant. For NY tax exemption, please attach a copy of certification.

Subtotal
 *Delivery in CA add applicable sales tax
****Shipping & Handling**
TOTAL
 *Delivery in GA or NY, add applicable sales tax
 Total for GA or NY deliveries

****Please check box below for desired shipping option for orders within the U.S.**
 ♦ UPS delivers to street address only—no P.O. Box.
 ♦ Additional copy charges should also be applied to each book or CD-ROM ordered within sets and bundles.

Shipping & Handling Charges	<input type="checkbox"/> Express Delivery (allow 3–4 days)	<input type="checkbox"/> Regular Delivery (allow 7–10 days)	<input type="checkbox"/> Int'l Orders (del. time varies by destination)
first item ordered	\$16.00	\$7.50	\$26.00
each additional item	\$11.50	\$4.00	\$15.50

All orders must be prepaid with check, money order, or credit card. Make checks payable to the Foundation Center. No refunds for training registration fees. Credit may be applied for Foundation Center publications or other training sessions.

I am paying by:

- Check/money order enclosed in the amount of \$_____ (U.S. banks only; no foreign currency accepted.)
- Charge \$_____ to my: VISA Mastercard AMEX

CARD NUMBER _____ EXPIRATION DATE _____ SECURITY CODE _____

SIGNATURE _____

BILLING ADDRESS (if different from shipping address) _____

CITY _____ STATE _____ ZIP _____

Ship my order to:

NAME _____

ORGANIZATION/DEPARTMENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

DAYTIME PHONE () _____ FAX () _____