

Order Form

www.CarSeatsMadeSimple.org



Organization Name: _____

Contact Name: _____

Address: _____

City, State, Zip Code: _____

E-mail Address: _____

Phone Number: _____

*Groups you plan to distribute to: _____

*Requests will be filled in any quantity, however, please include a description of the groups you will be distributing to as well as the geographic area.

Item	Quantity
Prescription Pad — 25 sheets per pack (5.5 x 4.25 inches) in English	
Prescription Pad — in Spanish	
Prescription Pad — in Hmong	
Prescription Pad — in Somali	

Date Needed By: _____

(Please allow 2 weeks for delivery, however, rush orders are possible by request.)

For free materials, fax order form to: Mark Peterson at (952) 707-4978
Questions? Contact Mark at MAPeterson@mn-ia.aaa.com