



CareFlite's Company Store

INSERT ORDER DATE:    /    /2011

How many?	Item:	Cost/item:	Total:
	Bear (circle color):    Orange    Blue    Pink	\$9.99	
	Carabiners (circle Color):            Blue    Orange	\$1.99	
	New Orange/White Coffee Mugs    (Est. 1979)	\$4.99	
	Long Sleeve T Shirts: M L XL 2XL    White/Blue/Orange/Gray	\$15.00	
	CareFlite Helicopter Hat (Blue) or Camo Hat with Logo	\$9.99	
	Medical Bracelets : *    Plain    Diabetes    On Blood Thinners	\$10.00	
	Orange Dog Tags * (* Must be Member to Order this Item)	\$2 ea/3 for \$5	
	2011 – 2012 Calendar Mousepads <b>NEW ITEM</b>	\$2.99	
	Key Chains	\$0.99	
	Orange Heart Badge Holders	\$1.99	
	2012 CareFlite 12 month Calendar 11 x 17 <b>NEW ITEM</b>	\$10.00	
	Pens	\$0.49	
	Texas Pins with Helicopter	\$1.99	
	30 <sup>th</sup> Anniversary Pin (Helicopter & Ground Ambulance)	\$2.99	
	Stuffed Ambulance	\$14.99	
	Stuffed Helicopters	\$14.99	
	Cloth Tote Bags	\$4.99	
	Sunglasses:    Circle Color →    Orange    or Blue	\$4.99	
	Blue Sweatshirt:                    S    M    L    XL	\$39.99	
	Orange Sweatshirt:                S    M    L    XL	\$39.99	
	Gray Sweatshirt:                    S    M    L    XL	\$39.99	
	<b>← TOTALS →</b>	XXXXXXXXXX	\$
<b>CareFlite Members Take 25% Off Total Above</b>		#	-
<b>Please Insert Membership # in Box                    →</b>			
XXXXXXXXXX	<b>REVISED TOTAL:</b>	XXXXXXXXXX	\$
XXXXXXXXXX	Texas Residents Add 8.25% Sales Tax	XXXXXXXXXX	
XXXXXXXXXX	Shipping/Handling \$5 For all Orders Under \$50	XXXXXXXXXX	\$
XXXXXXXXXX	Over \$50 Free Shipping (\$50 Before Tax)	XXXXXXXXXX	
<b>CareFlite is a 501 (c) 3 non-profit serving North Texas. We are raising funds for another helicopter. Help us buy our next helicopter by contributing to our 2011 Capital Campaign.</b>		<b>INSERT AMOUNT HERE →</b>	\$
XXXXXXXXXX	<b>FINAL TOTAL...PAY THIS AMOUNT</b>	XXXXXXXXXX	\$

3/14/11

NAME: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

CREDIT CARD TYPE: \_\_\_\_\_ CARD # \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MONTH/YR) SIGNATURE: \_\_\_\_\_

**FAX THIS FORM TO (972) 602-7182 OR EMAIL A COPY TO [DVICK@CAREFLITE.ORG](mailto:DVICK@CAREFLITE.ORG)**

**IF PAYING BY CHECK, MAIL TO DANA VICK, CAREFLITE, 3110 S. GREAT SW PARKWAY, GRAND PRAIRIE, TX 75052**