



HOLIDAY GIFT ORDER FORM

Please fill out all the information on form and mail, email, or fax to us as soon as possible to receive your gift cards.

Thank you!



Mailing Address:

**PO Box 2588
Woodinville, WA
98072**

Physical Address:

**14640 NE 91st St.
Redmond, WA 98052**

Phone:

425-485-5423

Fax:

425-485-4972

E-mail:

office@medrix.org



www.medrix.org

CHOOSE YOUR GIFTS:

QNTY	GIFT DESCRIPTION	ITEM #	PRICE	TOTAL
HEALTH CLINIC WELL SYSTEM:				
	Complete Water Well System	3010	\$7,687	
	Clean Water Sink	3011	\$55	
	Dig or Drill a Well	3012	\$5,800	
	Well Piping System	3013	\$112	
	Well Reservoir	3014	\$1,500	
	Contribute to a Clean Water Well	3015	\$100	
SAFE WATER TREATMENT SYSTEM:				
	UV Water Treatment System	4000	\$200	
	Contribute to a UV System	4001	\$50	
HEART SURGERY:				
	Child's Heart Surgery	5000	\$860	
	Contribute to a Heart Surgery	5001	\$75	
HEALTH PROJECT:				
	Community Health Project	6000	\$100	
	Contribute to Community Project	6001	\$25	
MEDICAL EDUCATION:				
	Contribute to Medical Education	7000	\$190	
	Pediatric Training	7001	\$190	
	Contribute to Pediatric Training	7002	\$35	
	Training in Mental Health Counseling	7003	\$190	
	Contribute to Mental Health Training	7004	\$35	
	Community Nutrition Training	7005	\$100	
	Contribute to Com. Nutrition Training	7006	\$25	
	Nutrition Training for a Health Professional	7007	\$190	
	Contribute to Nutrition Training for Professionals	7008	\$35	
GENERAL PROJECT SUPPORT:				
	Vietnam Project Centers	8000	\$150	
	Contribute to Project Centers	8001	\$1,000	
	General Program Support	9000		
			My Total Payment	\$



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GIFT RECIPIENT'S INFORMATION: ITEM # PRICE QNTY.

GIFT RECIPIENT #1 (Please include complete mailing address):

NAME				
MAILING ADDRESS				
EMAIL (OPT.)				

GIFT RECIPIENT #2 (Please include complete mailing address):

NAME				
MAILING ADDRESS				
EMAIL (OPT.)				

GIFT RECIPIENT #3 (Please include complete mailing address):

NAME				
MAILING ADDRESS				
EMAIL (OPT.)				

GIFT RECIPIENT #4 (Please include complete mailing address):

NAME				
MAILING ADDRESS				
EMAIL (OPT.)				

NOTE: If you have more than 4 gift recipients, please attach an additional piece of paper.

NAME AND PAYMENT INFORMATION: ITEM # PRICE QNTY.

PERSONAL INFORMATION (Please include complete mailing address):

NAME				
MAILING ADDRESS				
EMAIL (OPT.)				

PAYMENT INFORMATION

My Total Payment: \$	
I will be paying by check: (Enclosed) (Mailing)	
I will be paying by credit card: (Online) (Phone) (Below)	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Credit Card #:	Exp. Date:
Name on Card:	Verification Code:
Signature:	