



Community Programs Order Form

Today's Date \_\_\_\_\_

Please indicate which program you are ordering and the number of items you require. Then submit by email or print this form and fax (617-636-8321) or mail (KPTI, Tufts Medical Center, 800 Washington St., #344, Boston, MA 02111). Go to www.kpti.org to find more information about these programs.

PLEASE NOTE: We ship only to New England and Bermuda.

Order form grid with checkboxes and input fields for items like Bike Rodeo Manual, I'm Safe On My Bike, First Aid/CPR Chart, etc.

Please provide a street address (no PO Box). We ship UPS.

Form fields for NAME, NAME OF KIWANIS CLUB OR ORG., ADDRESS, CITY, STATE, ZIPCODE, PHONE, EMAIL

Please allow 3 weeks for delivery.

Please provide the name(s) and address(es) of organization(s) to whom you are distributing the KPTI materials.

**1.** NAME OF ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

**2.** NAME OF ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

**3.** NAME OF ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

**4.** NAME OF ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

**5.** NAME OF ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

**6.** NAME OF ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

Please email or print and mail/fax this form to KPTI. Fax: 617-636-8321 Email: [kptiorders@tuftsmedicalcenter.org](mailto:kptiorders@tuftsmedicalcenter.org)

