



Order Form

Print this form, fill in the number of garments you desire, and mail to the address below.

GARMENT DESCRIPTION	Qty.	Price ea.	Total Price
Men's & Women's Shirts Sizes			
XS = 4 - 6		61.00	
S = 6 - 8		61.00	
M = 10 - 12		61.00	
L = 14 - 16		61.00	
XL = 18 - 20		61.00	
Boy's & Girls Shirts Sizes			
6 - 8		52.00	
10 - 12		52.00	
Toddler's Shirts Sizes			
2T / 3T		48.00	
4T / 5T		48.00	

Shipping Charges:

Please use our table below to determine your shipping charges.

\$1-\$150 = \$11.00 Shipping

\$151-\$350 = \$19.00 Shipping

\$351-\$650 = \$22.00 Shipping

Please Note: If you are a resident of Illinois, please add 6.25% State Sales Tax to your total.

Total Price \$ _____
 (shipping/handling determined above) + _____

TOTAL PAYMENT \$ _____

SHIP TO:

Name	
Address	
State / Zip	
Phone	
Email	

THANK YOU FOR YOUR ORDER!

Send check or money order to:

**Medical Dignity Clothing Corporation
145 Grandin Road
Morris, IL 60450**

If you wish to fax this order form, please call Mary at (815)941-4894 for instructions.

If paying by credit card, please fill in the following information.

Please bill my credit card (provide the following info)

Please circle card type: Master Card / Visa

Card Number _____ Ex. Date _____

Name exactly as it appears on the card: _____

Billing Address: _____