

## ADVANCE DIRECTIVE FORMS - ACPG; POLST; P-DNR



Foundation for  
Healthy Communities

### ORDER FORM

Advance Care Planning Guides	Price	Quantity	Total
Booklets 10-199	\$3.25 ea		
Lots of 200 (1 box) - available in English and Spanish	\$116.00 + \$18.00 shipping= <b>\$134.00</b>		
Lots of 1,000 (5 boxes)	\$494.00 + \$96.00 shipping= <b>\$590.00</b>		
Lots of 5,000 (25 boxes)	\$2,258.00 + \$385.00 shipping= <b>\$2,643.00</b>		
<b>Individual ACPGs in English, Spanish, Arabic or Indonesian are available at: <a href="https://www.healthynh.org/publications.html">https://www.healthynh.org/publications.html</a></b>			
Portable-DNR Forms (Pink)			
Minimum order of 100	\$16.00 + \$12.00 shipping= <b>\$28.00</b>		
Lots of 200	\$26.00 + \$16.00 shipping= <b>\$42.00</b>		
POLST (Yellow)			
Lots of 100	\$16.00 + \$12.00 shipping= <b>\$28.00</b>		
Lots of 200	\$26.00 + \$16.00 shipping= <b>\$42.00</b>		
POLST Brochure			
Lots of 100	\$47.00 + \$12.00 shipping= <b>\$59.00</b>		
Lots of 200	\$84.00 + \$16.00 shipping= <b>\$100.00</b>		
Credit card surcharge for any order	<b>\$5.00</b>		
<b>TOTAL CHARGE</b>			\$

### CONTACT INFORMATION

Name: \_\_\_\_\_

Title; Company \_\_\_\_\_

Street Address (No PO Box #s) \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

PO number: \_\_\_\_\_

### Credit Card Information (Visa/Mastercard only - \$5.00 surcharge applies)

Name on Card	Visa or Mastercard Number (circle one)	Expiration Date

Make checks payable to: Foundation for Healthy Communities  
 Attn: Sally Reifsnnyder; 125 Airport Road, Concord, NH 03301  
 Phone: 603-415-4251

**ORDERS MUST BE ACCOMPANIED BY CHECK OR CREDIT CARD**  
 Member hospitals may use a PO

Visit our website: [www.healthynh.org](http://www.healthynh.org)  
 Updated form: 5/21/21