



EQUALITY NOW

MERCHANDISE ORDER FORM www.equalitynow.org

Description	Item #	Size	Color	Quantity	Unit Cost	Total
Merchandise total						
<i>See chart below for shipping and handling charges.</i>						Shipping/handling
Subtotal						
<i>NY State residents add applicable state and local taxes to subtotal.</i>						Sales tax
<i>I would also like to make a tax-deductible contribution to Equality Now.</i>						Contribution
Total						

METHOD OF PAYMENT

Check or money order payable to Equality Now enclosed

Visa Mastercard Amex

Cardholder's name _____

Card number _____

Expiration Date _____

Security Code _____

SHIPPING & HANDLING CHARGES

<i>If your merchandise total is</i>	<i>add</i>
<i>Up to \$20.00</i>	<i>.....\$4.95</i>
<i>\$20.01-\$40.00</i>	<i>.....\$6.95</i>
<i>\$40.01-\$60.00</i>	<i>.....\$7.95</i>
<i>\$60.01-\$80.00</i>	<i>.....\$9.95</i>
<i>\$80.01-\$100.00</i>	<i>.....\$10.95</i>
<i>\$100.01-\$120.00</i>	<i>.....\$11.95</i>
<i>\$120.01-\$150.00</i>	<i>.....\$12.95</i>
<i>\$150.01-\$200.00</i>	<i>.....\$14.95</i>
<i>Over \$200.00</i>	<i>.....\$15.95</i>

BILL TO:

Name _____

Organization/Company _____

Address 1 _____

Address 2 _____

City _____ State/Province _____ Postal/Zip Code _____ Country _____

Telephone (Home): () _____ Telephone (Work): () _____ Fax: () _____

AREA/COUNTRY CODE

AREA/COUNTRY CODE

AREA/COUNTRY CODE

E-mail: _____

SHIP TO (if different from above):

Name _____

Organization/Company _____

Address 1 _____

Address 2 _____

City _____ State/Province _____ Postal/Zip Code _____ Country _____

This is a gift. Please include gift card from: _____

If paying by check or money order, please make it payable to **Equality Now**, and mail with the completed form to: Equality Now, P.O. Box 20646, Columbus Circle Station, New York NY 10023, USA. Credit card orders can also be sent to this address or faxed to **212-586-1611**. Orders will be shipped USPS first class. MFW0209-14