



Minnesota Association for Children's Mental Health Order Form

Please fill out both sides of this form completely and mail or fax to MACMH*

Name _____

Agency _____

Address _____

(this is my Home Work address)

City _____ State _____ Zip _____

County _____

Phone _____

E-mail _____

- I am a/I work in:**
- | | | |
|--|---|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Relative | <input type="checkbox"/> Foster Parent |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Education | <input type="checkbox"/> Corrections | <input type="checkbox"/> Early Childhood |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Administration | <input type="checkbox"/> Marriage and Family Therapy |

Other _____

Payment Policy: Checks (payable to MACMH), Visa or Mastercard, vouchers, and POs are welcome. If paying with Visa or Mastercard, voucher, or PO, you must include the billing address below.

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard # _____		
Name on card (please print) _____		
Exp. date _____	Signature _____	
Billing Address _____		
City _____	State _____	Zip _____ Phone _____
Office use only: Paid by _____	Check # _____	Date Received _____

*Send this form and payment to:
165 Western Avenue N, Suite 2, St. Paul, MN 55102 or fax to 651-644-7391
Questions: 651-644-7333 • 800-528-4511 • info@macmh.org

<i>A Guide to Early Childhood Mental Health</i> • \$20.00 each • 10-24 \$18.00ea • 25+ \$15.00ea	Qty. _____ x \$ _____ Total _____
<i>An Educator's Guide to Children's Mental Health</i> • \$18.00 each • 10-24 \$15.00ea • 25+ \$13.00ea	Qty. _____ x \$ _____ Total _____
<i>Children's Mental Health Classroom Activities</i> • \$10.00 each	Qty. _____ x \$ _____ Total _____
<i>Children's Mental Health: Separating Myth from Fact</i> • \$1.00 each	Qty. _____ x \$ _____ Total _____
<input type="checkbox"/> I'm ordering more than 20 booklets, please send my free gifts!	
<i>SuperMe: A Campaign To End Hurtful Teasing Packet</i> • \$10.00 each • 10-24 \$9.00ea • 25+ \$8.00ea	Qty. _____ x \$ _____ Total _____
<i>SuperMe—Original Booklet only</i> • \$5.00 each • 10-24 \$4.50ea • 25+ \$4.00ea	Qty. _____ x \$ _____ Total _____
<i>Super Me Team—New Lessons and Pieces only</i> • \$5.00 each • 10-24 \$4.50ea • 25+ \$4.00ea	Qty. _____ x \$ _____ Total _____
<i>Survival Manual</i> For parents of children with mental health needs (Limit 1 per family at this price) • \$12.00 each	Qty. _____ x \$ _____ Qty. _____ x \$ _____ Total _____
• \$18.00 each • 10-24 \$15.00ea • 25+ \$13.00ea	Qty. _____ x \$ _____ Total _____
<i>Express Your Feelings Journal</i> • \$5.00 each • 10-24 \$4.50ea • 25+ \$4.00ea	Qty. _____ x \$ _____ Total _____
Enter Subtotal. \$ _____	
Enter Total Quantity Qty. _____	
Shipping & Handling \$ _____	
One item \$ 2.50	
2 - 10 items \$ 5.00	
11 - 20 items \$ 7.50	
21 - 50 items \$10.00	
More than 50 call	
Enter Total. \$ _____	

Please send with payment to:
• Minnesota Association for Children's Mental Health
165 Western Avenue N, Suite 2, St. Paul, MN 55102
• Fax 651-644-7391
• info@macmh.org • www.macmh.org

Questions: 651-644-7333 • 800-528-4511

Please fill out both sides of this form completely.