



Vanderbilt LifeFlight

Merchandise Order Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Item	Quantity	Size	Price	Total Price
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Note:			Subtotal	\$ *
Shipping cost for orders under \$14.99 is \$2.00			Shipping	\$
Shipping cost for orders \$15.00 or more is \$4.00			TOTAL	\$

* Price includes tax.

Please make checks payable to: **VUMC**

Mail order form with check to: **Vanderbilt Medical Center
Marketing Department
Attn: Merchandise Request
Nashville, TN 37232-4335**

For questions call 615-936-0301.