

ORDER FORM

Please print out, fill out, and mail along with your check, made out to **SDCBC, to:**

San Diego County Breastfeeding Coalition
C/O Children's Hospital & Health Center
3020 Children's Way, MC 5102
San Diego, California 92123-4282

Original Art Mother-Baby Note Cards
12 cards and 12 envelopes per pack
\$11.00 per pack (includes tax)

Shipping & Handling:
\$1.00 for first pack, then \$.50 for each additional pack

Number of packs: _____ @ \$11.00/pack = Total \$ _____
Shipping & Handling \$ _____
Total \$ _____

Purchaser/Mail Cards to:

Name _____

Address _____

Address _____

City _____ State _____

Zip Code _____

Email address or phone number in case of questions:

THANK YOU FOR SUPPORTING BREASTFEEDING MOTHERS AND
INFANTS!