

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



Foundation for  
Healthy Communities

### ORDER FORM

Advance Care Planning Guides	Price	Quantity	Total
Booklets 10-199	\$3.00 ea		
Lots of 200 (1 box) - English or Spanish (circle one)	\$132.00 + \$25.00 shipping= <b>\$157.00</b>		
Lots of 1,000 (5 boxes)	\$630.00 + \$125.00 shipping= <b>\$755.00</b>		
Lots of 5,000 (25 boxes)	\$2,625.00 + \$385.00 shipping= <b>\$3,010.00</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	\$21.00 + \$14.00 shipping= <b>\$35.00</b>		
Lots of 200	\$42.00 + \$20.00 shipping= <b>\$62.00</b>		
POLST (Yellow)			
Lots of 100	\$17.00 + \$14.00 shipping= <b>\$31.00</b>		
Lots of 200	\$34.00 + \$20.00 shipping= <b>\$54.00</b>		
POLST Brochure			
Lots of 100	\$50.00 + \$14.00 shipping= <b>\$64.00</b>		
Lots of 200	\$89.00 + \$20.00 shipping= <b>\$109.00</b>		
<b>Credit card surcharge for any order</b>		<b>\$5.00</b>	
<b>TOTAL CHARGE</b>			<b>\$</b>

### CONTACT INFORMATION

Name:	Order Date:
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 Reifsnyder; 125 Airport Road, Concord, NH 03301  
 Phone: 603-415-4251 Email: [sreifsnyder@nhha.org](mailto:sreifsnyder@nhha.org)

**ORDERS MUST BE ACCOMPANIED BY CHECK OR CREDIT CARD**

Member hospitals may use a Purchase Order

Visit our website: [www.healthynh.org](http://www.healthynh.org)

Updated form: 7/12/22