



# SAFE DRIVER AWARD PROGRAM SHOULDER PATCHES (1-45 YEARS) ORDER FORM



National Safety Council • Attn: Motivation & Recognition Dept. • P.O. Box 679 • Itasca, IL 60143-0679  
Ph: 1-800-621-7619 • Fax: 1-630-285-0797 • Web: www.nsc.org • Email: awards@nsc.org

## SHIP TO / BILL TO

**Ship To:** (Due to the shipping method, we are unable to deliver to a P.O. Box. Please provide a street address.)

**Bill To:** (Complete if the Bill To is different than the Ship To)

Membership ID Number \_\_\_\_\_  
 Organization Name \_\_\_\_\_  
 Name/Title \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Area Code / Telephone \_\_\_\_\_ Area Code / Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Membership ID Number \_\_\_\_\_  
 Organization Name \_\_\_\_\_  
 Name/Title \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Area Code / Telephone \_\_\_\_\_ Area Code / Fax \_\_\_\_\_ E-mail \_\_\_\_\_

## SAFE DRIVER SHOULDER PATCHES 1-45 YEARS

Please indicate exact patch quantities in the spaces below:

| 1 yr, 298020001                                   | 10 yr, 298020010 | 19 yr, 298020019    | 28 yr, 298020028     | 37 yr, 298020037 |
|---|------------------|---------------------|----------------------|------------------|
| 2 yr, 298020002                                   | 11 yr, 298020011 | 20 yr, 298020020    | 29 yr, 298020029     | 38 yr, 298020038 |
| 3 yr, 298020003                                   | 12 yr, 298020012 | 21 yr, 298020021    | 30 yr, 298020030     | 39 yr, 298020039 |
| 4 yr, 298020004                                   | 13 yr, 298020013 | 22 yr, 298020022    | 31 yr, 298020031     | 40 yr, 298020040 |
| 5 yr, 298020005                                   | 14 yr, 298020014 | 23 yr, 298020023    | 32 yr, 298020032     | 41 yr, 298020041 |
| 6 yr, 298020006                                   | 15 yr, 298020015 | 24 yr, 298020024    | 33 yr, 298020033     | 42 yr, 298020042 |
| 7 yr, 298020007                                   | 16 yr, 298020016 | 25 yr, 298020025    | 34 yr, 298020034     | 43 yr, 298020043 |
| 8 yr, 298020008                                   | 17 yr, 298020017 | 26 yr, 298020026    | 35 yr, 298020035     | 44 yr, 298020044 |
| 9 yr, 298020009                                   | 18 yr, 298020018 | 27 yr, 298020027    | 36 yr, 298020036     | 45 yr, 298020045 |
| PRODUCTS  | UNIT PRICE       | TOTAL QTY. TO ORDER | TOTAL PRICE          |                  |
| 1-999 Patches                                     | \$ 2.55          |                     | Sub-Total            |                  |
| 1000+ Patches                                     | \$ 2.00          |                     | **Sales Tax          |                  |
| Wallet Cards (6 per sheet)<br>Product # 293500001 | \$6.00           |                     | ***Shipping/Handling |                  |
|   |                  |                     | TOTAL                |                  |

## SHIPPING AND HANDLING

\*\* **Sales Tax:** Please add applicable sales tax in AL, CA, CT, FL, GA, IL, KY, MN, PA, TX, VA.

\*\*\***Shipping & Handling:** Rates do not apply for Canadian or International orders. Call for pricing. EXPRESS DELIVERY overnight, second-day or Saturday delivery available for additional fee. For orders that are not prepaid, there will be a handling fee of \$5.00 with standard shipping and \$10.00 with expedited shipping.

| Order Amount         | Charge  |
|----------------------|---------|
| Orders up to \$35.00 | \$ 5.95 |
| \$35.01 - \$50.00    | \$ 7.20 |
| \$50.01 - \$100.00   | \$ 8.45 |
| \$100.01 - \$150.00  | \$ 9.60 |
| \$150.01 - \$200.00  | \$10.80 |
| \$200.01 - \$300.00  | \$12.00 |
| \$300.01 - \$400.00  | \$13.20 |
| \$400.01 - \$500.00  | \$14.45 |

(EXPRESS DELIVERY Overnight, second-day or Saturday delivery available for additional fee.)

## METHOD OF PAYMENT

(Prepayment is Required for Orders under \$50.00 - Credit Card or Check)

Check One:

- Payment Enclosed.  
Make check or money order payable to National Safety Council.
- Payment by Credit Card.
- Send Invoice: PO#: \_\_\_\_\_

Credit Card Information:

Visa  MasterCard  Discover  American Express

Number: \_\_\_\_\_

Exp. Date \_\_ / \_\_ / \_\_

Name on Credit Card: \_\_\_\_\_

Signature (required): \_\_\_\_\_

Thank You For Your Order!

Rev. 3/09