

Color Me Healthy Order Form

(Pennsylvania Residents Only)

BETTER • KID • CARE

Mail Order Form with payment to:

Penn State Better Kid Care
341 N. Science Park Road, Suite 208
State College, PA 16803

or, **FAX to:** 814-865-7893 (credit card only)

Please allow 3-4 weeks for delivery

For office use only

Date Received _____

Transaction # _____

CCO# _____

COMPLETE this form legibly in ink.
Questions? Call 800-452-9108

Section 1: Shipping Information		Indicate if address is: <input type="checkbox"/> Home <input type="checkbox"/> Business	
Name		Business Name	
Address		City	
State	Zip	County	
Phone	Fax	E-mail	
Type of facility: <input type="checkbox"/> Family <input type="checkbox"/> Group <input type="checkbox"/> Center <input type="checkbox"/> Other (specify) _____ Enrolled in STARS? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 2: Required For Processing This Order:	
Date of Birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Social Security # (Last 5 digits only): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 3: Required Resources to Complete Lesson — ONLY ORDER if both resource boxes are checked
<input type="checkbox"/> I have the Color Me Healthy Kit and Supplemental Activities Resource Manual at my facility.
<input type="checkbox"/> I have the computer requirements to view the CD. Windows Media Player 9; Windows 2000, XP or Vista; and access to the Internet

Section 4: Material Selection			
	Quantity	Unit Cost	Total Cost
Keystone Color Me Healthy (Workbook & CD)		× \$5.00	
			\$

Section 5: Method of Payment (prepayment is required)—DO NOT SEND CASH	
<input type="checkbox"/> Check/Money Order (payable to <i>The Pennsylvania State University</i>) is enclosed (A \$10 charge will be assessed for all returned checks) Check /Money Order#	
<input type="checkbox"/> Charge to: <input type="radio"/> Visa <input type="radio"/> MasterCard	Expiration Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Cardholder's Name: (as listed on card)	
Cardholder's E-mail Address:	Cardholder's Telephone: ()
Credit Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Cardholder's Signature: (Authorizes total amount to be charged)	