

Coordinator Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

	1) Total number	2) Total amount	3) Total proceeds to your organization less 50%	4) Total Amount due to Briggs
a) Briggs digital thermometer 54-610-000	@ \$9 <sup>00</sup> ea.			
b) Jumbo display thermometer 15-720-000	@ \$9 <sup>50</sup> ea.			
c) 9-Second digital thermometer 15-736-000	@ \$10 <sup>50</sup> ea.			
d) Zoo temps™ thermometer 15-705-000	@ \$29 <sup>75</sup> ea.			
e) Tender Temp® ear thermometer 18-200-000	@ \$39 <sup>75</sup> ea.			
f) Talking digital blood pressure monitor 04-795-001	@ \$52 <sup>00</sup> ea.			
g) Cervical foam neck roll 3.5" x 19" 554-8000-0121	@ \$14 <sup>75</sup> ea.			
h) Cervical foam neck roll 5 x 19" 554-8000-0122	@ \$15 <sup>75</sup> ea.			
i) Water bottle 42-840-000	@ \$7 <sup>00</sup> ea.			
j) Therabead® compress 616-4503-0000	@ \$18 <sup>00</sup> ea.			
k) 9" Ice bag 42-847-000	@ \$18 <sup>00</sup> ea.			
l) 11" Ice bag 42-841-000	@ \$12 <sup>50</sup> ea.			
m) Door pulley set 660-2035-0000	@ \$11 <sup>00</sup> ea.			
n) Mini calorie pedometer 03-005-000	@ \$18 <sup>00</sup> ea.			
o) Pedal exerciser 802-2008-000	@ \$39 <sup>75</sup> ea.			
p) 4 oz hand sanitizer 82-8504	@ \$3 <sup>75</sup> ea.			
q) 8 oz hand sanitizer 82-8508	@ \$7 <sup>75</sup> ea.			
r) Foam no-rinse hand sanitizer 50ML - 82-02101	@ \$8 <sup>75</sup> ea.			
s) Plastic first aid kit 650-2504-1900	@ \$29 <sup>75</sup> ea.			
t) Active™ Brights bandages 3/4" X 3" - 08-17030	@ \$9 <sup>75</sup> ea.			
u) Aluminium reacher 640-1764-0623	@ \$15 <sup>00</sup> ea.			
v) 7-day pill holder 640-8218-9606	@ \$3 <sup>50</sup> ea.			
<b>GRAND TOTAL \$</b>				

Please follow instructions to insure accuracy

- 1) Tally from all of the individual participant order forms. Please write the TOTAL NUMBER of each item needed from individual forms.
- 2) Multiply the TOTAL NUMBER by the price of each item and enter under TOTAL AMOUNT.
- 3) Multiply TOTAL AMOUNT by 50% and enter it on the form. These are your proceeds!
- 4) Using the same formula in step 3 calculate the TOTAL AMOUNT due to Briggs®. This is the amount you will remit to Briggs® Medical Supply Company.

Please make checks or money orders payable to "Briggs® Medical Supply Company." Payment and this master order form should be sent to the following address

**Briggs® Medical Supply Company**  
**Attention: Fundraising**  
**P.O. Box 1698**  
**Des Moines, IA 50306-1698**

Please allow up to 15 business days for us to process and ship to your organization.

Thank you for choosing Briggs® Medical Supply Company. We hope you continue your success with us in the future.

Add the totals from all the Fundraisers' Lists and calculate the grand total.