

Farmacy Order Form

Name _____

Address _____

Phone _____

Email _____

Would you like your order:

___ Mailed (price added to total)

___ Delivered by bicycle (Providence, RI and vicinity)

___ Pick up at Farmacy, if applicable:

Order Details *Please use the back side of this sheet if you need more room.*

Product Name	Quantity	Price
Total Price		

Please make checks payable to:

Mary Hastings
28 Cemetery St., Providence, RI, 02904
401-270-5223

Email: info@farmacyherbs.com

I would like to:

- ___ Carry Farmacy Products on consignment in my store, office or clinic.
- ___ Volunteer in the Community Clinic
- ___ Find out more about Farmacy Educational Programs
- ___ Sign up for the Community Supported Medicine (CSM)

(Health care practitioner/related business) What type of practitioner/business are you?
