AQL LAQ
Association québecoise du lymphœdème
Lymphedema Association of Quebec

Lymphedema Alert Bracelet
Order Form

Date: _____

Last name: _____ First name: _____

Address _____

City: _____

Province: _____ Postal code: _____

Telephone: (day) ( ) _____ (evening) ( )_____

E-mail: _____

Bracelet	Color	Type	Price	Quantity	Total amount
Lymphedema Alert Bracelet	Silver	Left Arm	$ 37,00		
Lymphedema Alert Bracelet	Silver	Right Arm	$ 37,00		
Lymphedema Alert Bracelet	Silver	Both Arms	$ 37,00		
Lymphedema Alert Bracelet	Silver	Left Leg	$ 37,00		
Lymphedema Alert Bracelet	Silver	Right Leg	$ 37,00		
			TOTAL		

FORM OF PAYMENT

Cheque : **Lymphedema Association of Quebec**

OR

Credit card: Visa ☐ MasterCard ☐ #:|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Signature : _____ Expiration :_____/_____

Please return this completed form with your payment to:

Lymphedema Association of Quebec
6565 Saint-Hubert Street, Montreal, QC, H2S 2M5