

Order Form

Mail or fax your orders to: Save the Gonads, Ltd. P.O. Box 53111 Cincinnati, OH 45253 513-385-8147 Fax 513-385-8148

Bill t	to:	Ship to:		☐ Same as bill to		
Name		Name				
Organization	n	Organization				
Address		Address (sorry, no PO boxes p	Address (sorry, no P0 boxes please)			
City		State Zip City		State	Zip	
Contact Pho	ne	Fax Contact Phone		Fax		
Email		Email				
Method of Payment: ☐ Check or Money Order Enclosed ☐ Purchase order [†] , authorized purchase order must accompany this form. ☐ Open Account, blanket purchase order or other purchase authorization must be on file.						
Standard Pricing						
Qty	Item#	Description		Price ea.	Total	
	MP1 Micropreemie (<1000 gm) gonad shield			\$10		
	PR1 Preemie (1000-2000 gm) gonad shield			\$11		
NB1 Newborn (>2000 gm) gonad shield				\$13		
Bulk Pricing						
	T		Price per box Less than 3 boxes mix or match	Price per box 3 or more mix or match		
	MP25	Box of 25 Micropreemie (<1000 gm) gonad shields	\$135	\$125 \$5		
	PR25	Box of 25 Preemie (1000-2000 gm) gonad shields	\$160	\$150 \$6		
	NB10	Box of 10 Newborn (>2000 gm) gonad shields	\$110	\$100 \$70.		
SP Sample Pack (Contains 5 Micropreemie, 5 Preemie and 1 Newborn) \$75				\$65		
Ohio residents must add 6% sales tax*						
Handling					Shipping &	
Standard UPS Shipping anywhere in continental US add \$5.00 Please call if you need to know shipping rates outside the continental US.					Handling Free for your 1st order	
All orde	rs shipped s	standard UPS ground, if you require air/expedited shipping please indicate your preference	ce.	Total		
† Purchase orders accepted only from qualifying institutions. Terms: Net 30 * If your organization is tax exempt please send tax exempt form with order. Prices Subject to change without notice.						



Thank you for giving a Small Life a Bigger Future!

