



THE HOSPITAL & HEALTHSYSTEM
ASSOCIATION OF PENNSYLVANIA

HAP Member Order Form

Decide For Yourself: A Guide to Mental Health Advance Directives

Please send me:

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- 500 brochures @ \$ 90
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- Each additional thousand are \$170 per thousand.
I would like a total of _____ thousand.

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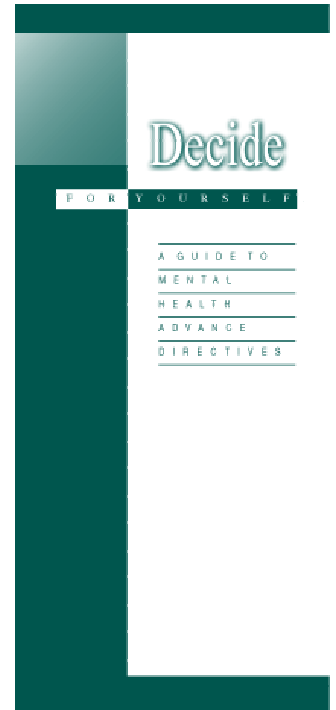
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Mail to: Member Services
 The Hospital & Healthsystem Association of Pennsylvania
 P.O. Box 3344, Harrisburg, PA 17105-3344
Fax to: (717) 561-5220
Questions? Call (717) 561-5270

For Internal Use:

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