

Order Form



Name of Agency, Business or Individual (Please list complete name - no acronyms)			
"Attention To" Name and/or Department (if applicable)			
Shipping Address	City	State	ZIP * (see SALES TAX)
Billing Address (if different than shipping/mailling)	City	State	ZIP
Contact Telephone	Contact Email		

Product Descriptions	Price	x	Qty	=	Total
RIDING THE WAVES Lessons for Identifying & Coping with Stress for Elementary School Developmentally appropriate for 5th grade students and taught by elementary school counselors. Lessons address healthy emotional development, depression, and anxiety. This curriculum's overarching goal is to build the emotional skills within children to prevent suicide at its earliest stages.	\$250	x		=	
LOOK LISTEN LINK Suicide Prevention Curriculum for Middle School An evaluated, classroom-based prevention curriculum geared for students in 6th, 7th, and 8th grades. It aims to teach students not only facts about stress, anxiety, depression, and suicide prevention, but also practical life skills to help a friend who may be struggling with these issues.	\$250	x		=	
H.E.L.P. (HELPING EVERY LIVING PERSON) Suicide Prevention Curriculum for High School An evaluated classroom curriculum appropriate for students in 9th, 10th, and 11th grades. Topics include stress and healthy coping skills, depression and its impact on teens' lives, the causes and warning signs of suicide, and skills to intervene with a friend who may be considering suicide.	\$250	x		=	
SALES TAX is determined by shipping destination and is only applicable to addresses located in Washington State. To determine the sales tax for your location, please use the "Tax Rate Lookup Tool" here: http://dor.wa.gov/content/findtaxesandrates/salesandusetaxrates/lookupataxrate/	Subtotal			=	
	Sales Tax			=	
	FREE SHIPPING!				
	Grand Total			=	

Send payment *in full* with completed order form to: Crisis Clinic, 9725 3rd Ave NE, Suite 300, Seattle, WA 98115

Orders will *not* be processed without payment in full.

- ◆ My enclosed check or money order is payable to Crisis Clinic.
- ◆ Please charge my VISA or MasterCard (circle one).
 Card Number _____ Exp. Date _____ CVC Code _____
 Name on Card _____
 Signature _____
- ◆ My organization does not pay sales tax, and I have included our Sales Tax Exemption notice.

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Amount Rcv'd _____

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www.crisisclinic.org | 9725 3rd Ave NE, Suite 300, Seattle, WA 98115 | PHONE (206) 461-3210 | FAX (206) 461-8368

