**Your purchase order reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of order: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your order:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PC**  | **Leaflets** | **QTY** | **PC** | **Leaflets** | **QTY** | **PC** | **Leaflets** | **QTY** |
| **011** | **Acute Diarrhoea** |  | **007** | **Crohn's Disease** |  | **010** | **Indigestion** |   |
| **012** | **Barrett’s Oesophagus** |  | **001** | **Diverticular Disease** |  | **005** | **Irritable Bowel Syndrome** |   |
| **014** | **Chronic Pseudo Intestinal Obstruction** |  | **013** | **Healthy Eating & The Digestive System** |  | **015** | **Pelvic Radiation Disease** |   |
| **009** | **Coeliac Disease** |  | **003** | **Heartburn & Reflux** |  | **002** | **Polyps in the bowel** |   |
| **008** | **Constipation** |  | **004** | **Helicobacter pylori** |  | **006** | **Ulcerative Colitis** |   |

*The minimum order is 100 leaflets. This can be an order of 100 of one leaflet or various leaflets totalling 100.*

|  |  |  |
| --- | --- | --- |
| **Leaflet Costs** | **NHS organisations** | **Private organisations** |
| Minimum order of 100 leaflets | £25 | £35 |
| Each additional set of 50 leaflets | £10 | £15 |
| **Delivery Charge** |  |
| Delivery to UK mainland (up to 500 leaflets) | £15 |
| Delivery to UK mainland (501 - 1000 leaflets) | £25 |
| Delivery to Northern Ireland and the Channel Islands | £25 |
| Delivery of over 1,000 leaflets | Please call 020 7486 0341 |
| **This Order** |  |
| LEAFLETS | £ |
| DELIVERY | £ |
| **TOTAL** | **£** |

*For guidance about charges please call Guts UK on 020 7486 0341.*

**Delivery** – Please write the address where your order should be sent

|  |  |
| --- | --- |
| Contact Name: | Dept: |
| Address: |  |
|  | Postcode: |
| Contact telephone: |  |

**Payment – delete as applicable**
I enclose a cheque for the full amount made payable to ‘Guts UK Charity’
I include a BACS transfer remittance advice, BACS reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(*Please pay Guts UK Charity: A/C 31941478, S/C 60-40-02, NatWest Bank plc, PO Box 4NU, 1 Cavendish Square, London W1A 4NU)*
I wish to pay by credit card (**with a 3% surcharge**). Please call me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to arrange this
I wish to be invoiced. Please send an invoice to the address below (if different from delivery)

|  |  |
| --- | --- |
| Contact Name: | Dept: |
| Address: |  |
|  | Postcode: |
| Contact telephone: |  |