

**MISSOURI'S
Community Action
Poverty Simulation**

CAPS ORDER FORM
(Please Print)

Organization Name: _____

Shipping Address*: _____
(This must be a street address for shipping purposes)

City, State, Zip: _____

Billing Contact Name: _____ Email: _____

Billing Address: _____
(If different than shipping address)

City, State, Zip: _____ Billing Telephone Number: _____

Facilitator Contact Name: _____

Telephone Number: _____

Email Address: _____

_____ Number of CAPS Kit(s) requested @ \$1,500.00 ea.	Total: _____
Shipping and Handling** \$60.00 (per kit)	Total: _____
Other charges***	Total: _____

* If sending a purchase order, shipping address needs to correspond with purchase order.

**To obtain Shipping and Handling cost for Hawaii, Alaska and outside the United States contact bstege@communityaction.org for estimated shipping costs.

***Any special requests for changes in the order form, license agreement, and shipping will result in a \$50.00 additional charge.

How did you hear about the poverty simulation? _____

Please list our organization on the MACA website to contact for poverty simulation opportunities in our state. ___Yes ___NO

NOTE: To complete the order we must have the following information:

- Completed order form.
- Signed/dated agreement.
- Either a \$100 deposit or a P.O. for the entire purchase amount plus shipping.
- Unfortunately, we do not accept credit cards at this time.

Mail or Fax orders to:

MACA 2014 William Street, Jefferson City, MO 65109
573/634-2969 ext. 26 573/636-9440 fax

Normal Shipping Procedure is UPS standard ground which requires an authorized signature upon arrival.

