



HOSPITAL REQUEST FOR DONOR MILK

All orders must be received by 10 am (PST) on Mondays – Thursdays for next day receipt.
Please place orders two days in advance when possible. SEND ALL ORDERS to: Orders@nwmmb.org
Local deliveries unavailable on Friday

Name of Hospital: _____

Date: _____ Phone: _____

Contact Person: _____ Dept/Unit _____

Address: _____ City: _____

Email: _____ State: _____ Zip: _____

Purchase Order Number: _____ Confirmation FAX # _____

Orders for higher calorie milk (22-24 cal/oz) will be filled based on availability. Requests for specific bottle sizes will be filled based on availability. **Confirmation of orders will be made within 24 hours of receipt of order.**

Please indicate # of bottles requested:

45 mL (1.5 oz) Plastic Bottle \$7.50 each
19-20 cal (#4520) _____ 22 cal (#4522) _____ 24 cal (#4524) _____

60 mL (2oz) Glass Bottle \$10.00 each
19-20 cal (#6020) _____ 22 cal (#6022) _____ 24 cal (#6024) _____

90 mL (3 oz) Plastic Bottle \$15.00 each
19-20 cal (#9020) _____ 22 cal (#9022) _____

120 mL (4 oz) Bottle \$20.00 each
19-20 cal (#12020) _____

Colostrum 45 ml (1.5 oz) Bottle \$7.50 each (no nutritional data) (#45C) _____

Shipping/Handling/Delivery Fees will be assessed separately.

Hospital Fed Ex Account Number (if applicable) _____

Ship/Deliver to:	Bill to:
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For order or billing questions, please contact Geoff Johnston • PH: (503)-469-0955 FAX: (503) 469-0962
E-Mail: Geoff@nwmmb.org