

E-CARD ORDER FORM EFFECTIVE 07/01/2023

(subject to change)
Health Counseling Training Center

<u>Basic Life Support Cards</u>	Number of E-Cards Requested _____ x \$7 each = _____
<u>Heartsaver First Aid CPR/AED Cards</u>	Number of E-Cards Requested _____ x \$21 each = _____
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<u>Heartsaver CPR/AED Cards</u>	Number of E-Cards Requested _____ x \$21 each = _____
<u>Heartsaver Pediatric First Aid</u>	Number of E-Cards Requested _____ x \$21 each = _____
<u>Heartsaver K – 12 Cards</u>	Number of E-Cards Requested _____ x \$6.50 each = _____

Subtotal = _____

+3% (credit card only) = _____

Total = _____

A 3% service charge will be added to any credit card payments.

Cards can be issued to an instructor or an e-card location. Please indicate how you would like cards to be distributed.

Instructor (Name): _____

E-Card Location (Site Name): _____

**All E-Card orders will be made available in the American Heart Association Instructor Network
(www.ahainstructornetwork.org)**

A copy of the sales receipt or invoice can be emailed or mailed.

To whom and where should we send the receipt/invoice?

Send to:

Health Counseling Services 7851 Metro Parkway, Suite 250, Bloomington, MN 55425

OR

karenlilla@healthcounselingservices.com

Office Use Only:
Date Order Filled ____/____/____ By _____

Revised 02/2023