



Maryland Poison Center
University of Maryland School of Pharmacy

Mr. Yuk Wristband Order Form

Name: _____

Business (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail address _____

Check quantity (Price includes shipping & handling.)

_____ 2 for \$5.00

_____ 5 for \$7.00

_____ 10 for \$12.00

_____ 25 for \$27.00

_____ 175 for \$180 (comes in countertop display box)



Total enclosed: \$ _____

Make Checks payable to “**UMBF, Inc.**” (University of Maryland Baltimore Foundation, Inc.)
Funds for the Maryland Poison Center are administered by the UMBF, Inc.

Mail to:

Maryland Poison Center
Mr. Yuk Wristbands
20 N. Pine St. PH 772
Baltimore, MD 21201

Please call 410-706-2151 with questions.

For office use only:

Date sent: _____

Initials: _____

Data entered: _____

Initials: _____