

# Milford Regional Physician Group

*The Benchmark for Quality Care*

**2019 Order Form – Please fill out completely**

**Gift selections submitted to the vendors are final and cannot be changed or returned. Warrantees vary based on the selected gift items, and will be provided by the vendor.**

**If selecting merchandise, your gift will be shipped to your home the week of April 29, 2019**

**Please return order forms to Rachel Vaillancourt by March 8, 2019**

\_\_\_\_\_  
**Name:** \_\_\_\_\_

**(Please Print)**

**Employee #:** \_\_\_\_\_

**Years of Service:** \_\_\_\_\_

**Gift Selection**

**Item #:** \_\_\_\_\_

**Item Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**(Please list zip code. P.O. Boxes will not be accepted)**

**Best Phone #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**By signing above, you acknowledge this selection is final. If for any reason your award is defective, we will replace like product based on manufacturer warranty within warranty terms.**