

SHARING YOUR WISHES ORDER FORM

Name: _____

Organization: _____

Address: _____

Phone: _____ E-Mail: _____

Please indicate number of copies requested.

Sharing Your Wishes (SYW) Advance Care Planning (ACP) materials:

_____ No. of SYW ACP Information Booklets (larger)
-includes the planning guide with the health care proxy form, the bi-fold card with proxy responsibilities and CMC self-addressed envelopes

_____ No. of SYW Planning Guides (smaller) –includes health care proxy form

_____ No. of SYW Health Proxy Cards (bi-fold, with responsibilities)

_____ No. of SYW posters

_____ No. of CMC self-addressed envelopes

_____ No. of Excellus ACP booklets

_____ No. of FIVE WISHES booklets

_____ No. of “Hard Choices For Loving People” booklets

_____ No. of New York State Attorney General guides, “Planning Your Health Care In Advance: How to Make Your End-of-Life Wishes Known and Honored”

Channing Bette booklets:

_____ No. of “About Preparing Your Advance Medical Directives”

_____ No. of “End-of-Life-Decisions-Making the right choice for you”

_____ No. of “About DNR Orders-Do-not-resuscitate orders”

3 Ways to send order form to us

FAX (273-3002) or Email Beverly Hammons at bah45@cornell.edu, or

Mail to: Att: Sharing Your Wishes Coalition
c/o Health Planning Council
100 West Seneca Street, Suite 300
Ithaca, New York 14850-4138

OTHER STATES? The National Hospice and Palliative Care Organization maintains a listing. The direct link is <http://www.caringinfo.org/i4a/pages/Index.cfm?pageid=3425>
Or you can go to their website home page <http://www.nhpco.org>

For Internal Use Only: Date received _____ Date processed _____