

# **MEDICAL ALERT SEATBELT COVERS**

*The Workshop, Galena EMS, Galena Fire Dept., Scales Mound Fire Dept. and C&N Embroidery have partnered together to offer these covers.*

Accidents happen! When they do, be ready. These medical alert seat belt covers can save valuable time by providing EMS with important information on allergies, medical and behavioral conditions. Anyone can order as many seatbelt covers as needed per person, for multiple vehicles, for only \$15 each.

- Customized to each individual
- Velcro closure
- 3 bright colors to choose from
- Machine washable
- Pocket to include emergency contact or medicine information
- Overall dimensions 7.5 x 10.5 inches, fits standard seat belts



**SPECIAL OFFER: 1 FREE SEATBELT COVER FOR JO DAVIESS COUNTY RESIDENTS!**



Thanks to donations from the Galena EMS, Galena Fire Dept. and Scales Mound Fire Dept. there are funds available for 1 FREE cover per Jo Daviess County resident with special medical needs.\*

*\*One free seatbelt cover offer applies to Jo Daviess County residents only. If you need additional covers for other vehicles it is \$15 each. Limited number of free covers available, best to order early.*



**Questions? Contact The Workshop:**

706 S. West St. | (815) 777-2211 | [lmoyer@theworkshopgalena.org](mailto:lmoyer@theworkshopgalena.org) | [TheWorkshopGalena.org](http://TheWorkshopGalena.org)



# Order Form

*One order form per individual*

## Ordered By

Your Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

## Seatbelt Cover Information

One order form per individual, additional order forms can be found online at [TheWorkshopGalena.org](http://TheWorkshopGalena.org). With sizing in mind, please limit your words to allow for optimal clarity and ensure that your wording will be bold and easily readable. Limit of 4 lines. **Please print clearly below.**

\_\_\_\_\_  
Name of Individual (First name only)

\_\_\_\_\_  
2nd Line (Birth date recommended, 0/00/0000 but not required)

\_\_\_\_\_  
3rd Line

\_\_\_\_\_  
4th Line

## Pick Up & Delivery Information

☐ I will pick up order at The Workshop. (You will be contacted when the order is complete. Allow 2-3 weeks for completion.)

☐ Ship my order to (Allow 2-3 weeks for delivery.): \_\_\_\_\_

## Payment Information

☐ I am a Jo Daviess County resident and would like to take advantage of the one free seatbelt cover offer.

☐ I am NOT a Jo Daviess County resident and do not qualify for the one free seatbelt cover offer.

**TOTAL QUANTITY** (Indicate how many of each color/include free one in count): \_\_\_\_Neon Pink \_\_\_\_Neon Green \_\_\_\_Neon Orange

**TOTAL PURCHASE PRICE** (\$15 each, add a \$5 shipping fee, if applicable) \$ \_\_\_\_\_ **Amount Due**

☐ Check / Money Order Enclosed (Payable to The Workshop)

☐ MasterCard    ☐ Visa    ☐ American Express    ☐ Discover

Name on the Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_ Zip Code \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_