Material Request Form

Contact Information (Please Print)

Name _____________________________________________________________
Organization Name __________________________________________________________________________________________
Mailing address _______________________________________________________________________________________________
City_____________________________________________________, VA                              Zip________________________
Phone number________________________________ Email address__________________________________________________________

Material Description | Quantity
--- | ---
• Quit Now Brochure- English (50 per pkg.) | _______
• Quit Now Brochure- Spanish (50 per pkg.) | _______
• Quit Now Patient Referral Note Pad | _______
• Quit Now Palm Cards (100 per pkg.) | _______
• Poster (English) | _______
• Poster (Spanish) | _______

*Maximum orders: Brochures- 200 / Note pads- 5 / Posters-3/ Palm cards -100

For Additional Services, Information or Interest- Check the circle:

☐ To become a Quitline Referral site
☐ To become a Tobacco Free Worksite
☐ To host a Tobacco Control related presentation
☐ Interested in a local or state tobacco coalition
☐ Tobacco Control Regional Coordinator contact information

Email completed form to: Quit Now Virginia
Rita.Miller@vdh.virginia.gov

Please allow up to two (2) weeks for delivery

For Office use only: Date filled__________________________________________