

Material Request Form

1-800-Quit Now / 1-800-784-8669

Quitnowvirginia.org



Tobacco and Nicotine Quit Services

Free 24/7 • Visit QuitNowVirginia.org • 1-800-Quit Now

Contact Information (Please Print)

Name _____

Organization Name _____

Mailing address _____

City _____, Virginia Zip _____

Phone number _____ Email address _____

Do your services work with: Behavioral Health _____ Clinical/Medical _____ Youth _____
Business/Worksite _____ Academic _____ Other _____

Quit Now Brochure - English (50 count)
Quantity: _____ (200 max)

Poster (English) (single)
Quantity: _____ (3 max)

Quit Now Brochure - Spanish (50 count)
Quantity: _____ (200 max)

Poster (Spanish) (single)
Quantity: _____ (3 max)

Quit Now Patient Referral Note Pad (single)
Quantity: _____ (5 max)

Beh Health Patient Brochure (50 count)
Quantity: _____ (100 max)

Quit Now Palm Cards (100 count)
Quantity: _____ (100 max)

Beh Health Providers Guide (single)
Quantity: _____ (5 max)

May we interest you to:

- ☐ Become a Quitline Referral site
- ☐ Become a Tobacco Free Worksite
- ☐ Host a Tobacco Control related presentation
- ☐ Connect with a local or state tobacco coalition
- ☐ Connect with your Tobacco Control Regional Coordinator

View our free
[Online Provider Training](#)

Email completed forms to quitnowva@vdh.virginia.gov

Visit-Quitnowvirginia.org



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For office use only: Date filled _____