Resource Request Form

1-800-Quit Now | 1-800-784-8669 | https://quitnowvirginia.org/

Quit Now Virginia
Tobacco User Quitline

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 _____

YOUR QUIT JOURNEY
Brochure (200 max)
Quantity: ___
Flyer (20 max)
Quantity: ____
Poster (3 max)
Quantity: ____

UP IN SMOKE
Business Cards (100 max)
Quantity: ____
Flyer (10 max)
Quantity: ____
Poster (3 max)
Quantity: ____

SPANISH
Quit Now Brochure (100 max)
Quantity: _____
Poster (3 max)
Quantity: _____

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

Behavioral Health
Patient Brochure (50 max)
Quantity: _____
Provider's Guide (5 max)
Quantity: _____

Live Vape Free
Postcard (50 max)
Quantity___
Business cards (100 max)
Quantity___

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

Quit Now Virginia
Tobacco User Quitline

Live Vape Free
Text VapeFreeVA to 873-373

VIRGINIA TOBACCO CONTROL PROGRAM

For office use only: Date filled _____