

Resource Request Form

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



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)

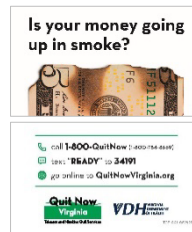
Quantity: _____

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



For office use only: Date filled _____