

Contact Info	Preferred Method of Tool Kit Delivery
[Name] [Street Address] Coalition Name: _____ Email: _____ Phone: _____	Choose an item.

ORDER SPECIFICATIONS

Tool Kit Items	Choose Items Mark Y/N	Ad Design Options	Statistic Options	Provide Your Community Statistic & Phrasing Here (if applicable)
Letter to elected officials	<input type="radio"/> Yes <input type="radio"/> No	NA	NA	
Education Vs. lobbying sheet	<input type="radio"/> Yes <input type="radio"/> No	NA	NA	
Rack card	<input type="radio"/> Yes <input type="radio"/> No	Choose an item.	Choose an item.	
Parents ad	<input type="radio"/> Yes <input type="radio"/> No	Teen Boy Ad 1 <input type="checkbox"/> Teen Boy Ad 2 <input type="checkbox"/> Teen Girl Ad 3 <input type="checkbox"/> Teen Girl Ad 4 <input type="checkbox"/>	Choose an item.	
Youth ad	<input type="radio"/> Yes <input type="radio"/> No	Choose an item.	Choose an item.	
Youth ad gif	<input type="radio"/> Yes <input type="radio"/> No	NA	Choose an item.	
Billboard/large scale ad	<input type="radio"/> Yes <input type="radio"/> No	Choose an item.	Choose an item.	
Radio PSA ad script	<input type="radio"/> Yes <input type="radio"/> No	NA	NA	

ADDITIONAL COMMENTS/QUESTIONS

<p><u>*Please attach your coalition logo with order form.</u></p> <p><u>*Orders will be processed in the order by which we received the forms.</u></p> <p>We will be in contact with you to discuss details once the form has been submitted to: mollylevkiv.cci@gmail.com</p>	Notes:
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