

Resource Request Form

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



Contact Information (Please Print)

Name _____

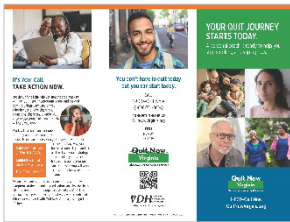
Organization Name _____

Mailing address _____

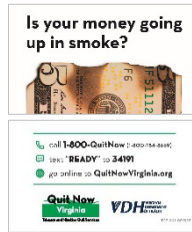
City _____, Virginia Zip _____

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 _____