

# AIDS Foundation OF CHICAGO

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## Order Form Sharps Container Program

**Please send me the following educational materials:**

**Palm cards:**

\_\_\_ 100    \_\_\_ 150    \_\_\_ 200    \_\_\_ Other (please specify)    \_\_\_ Spanish

**Post cards:**

\_\_\_ 100    \_\_\_ 150    \_\_\_ 200    \_\_\_ Other (please specify)    \_\_\_ Spanish

**I also need \_\_\_ Sharps Containers. (Quantities of 8, cases of 32)**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

- Please add me to AFC's Statewide Advocacy Network for the latest in HIV/AIDS news.  
**Be sure to provide e-mail address to join the Network.**

Please fax completed form to (312) 922-2916.