

# AIDS Foundation OF CHICAGO

411 South Wells Street  
Suite 300  
Chicago, IL 60607

Tel (312) 922-2322  
Fax (312) 922-2916  
TDD (312) 922-2917

## Order Form Sharps Container Program

**Please send me educational materials:**

\_\_\_ 50    \_\_\_ 100    \_\_\_ 150    \_\_\_ Other (please specify)    \_\_\_ Spanish

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

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

Pharmacy: \_\_\_\_\_

Mailing 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 the AIDS Foundation of Chicago at (312) 922-2916.**