



California Access to Recovery Effort (CARE)

LITERATURE REQUEST FORM

Requestor's Information:

Individual/Organization: _____

Shipping Address: _____

Phone Number: (_____) _____

Purpose: (Please explain how the literature will be used. For example, if brochures are needed for a community event, tell us the name of event, date, location, and expected number of attendees.)

Items/Quantity:

_____ English Brochure

_____ Spanish Brochure

_____ Poster

_____ Bookmark/Calling Card

Requested Due Date (Should be within reason and give us ample turnaround time):

_____/_____/200__

**RETURN LITERATURE REQUEST FORMS TO JEANNE SMITH,
DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS,
VIA FAX AT 916-324-4886**