

MIChild Materials Request Form

Name of Agency			
Type of Agency	<input type="checkbox"/> Health Plan <input type="checkbox"/> Community Agency <input type="checkbox"/> Multi-Purpose Collaborative Board <input type="checkbox"/> Other, please specify: _____		
Mailing Address			
County			
Which county(s) does your agency serve?			
Contact Name			
Phone Number			
Fax Number			
Product Needed	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> MIChild Multi Colored App. Quantity: _____ <input type="checkbox"/> Spanish Multi Colored App. Quantity: _____ <input type="checkbox"/> Arabic Multi Color App. Quantity: _____ <input type="checkbox"/> MIChild Poster Quantity: _____ <input type="checkbox"/> MIChild Spanish Poster Quantity: _____ </td> <td style="width: 50%; vertical-align: top; border: none;"> <input type="checkbox"/> MIChild Arabic Posters Quantity: _____ <input type="checkbox"/> Healthy Kids Poster Quantity: _____ <input type="checkbox"/> MIChild Brochure Quantity: _____ <input type="checkbox"/> MIChild Spanish Brochure Quantity: _____ <input type="checkbox"/> MIChild Arabic Brochure Quantity: _____ <input type="checkbox"/> Healthy Kids Brochure Quantity: _____ </td> </tr> </table>	<input type="checkbox"/> MIChild Multi Colored App. Quantity: _____ <input type="checkbox"/> Spanish Multi Colored App. Quantity: _____ <input type="checkbox"/> Arabic Multi Color App. Quantity: _____ <input type="checkbox"/> MIChild Poster Quantity: _____ <input type="checkbox"/> MIChild Spanish Poster Quantity: _____	<input type="checkbox"/> MIChild Arabic Posters Quantity: _____ <input type="checkbox"/> Healthy Kids Poster Quantity: _____ <input type="checkbox"/> MIChild Brochure Quantity: _____ <input type="checkbox"/> MIChild Spanish Brochure Quantity: _____ <input type="checkbox"/> MIChild Arabic Brochure Quantity: _____ <input type="checkbox"/> Healthy Kids Brochure Quantity: _____
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Please allow 6-10 business days for delivery. Thank you.

Fax this form to: ***Presort Services (517) 394-5976***
 Attn: Heather DeRose

Or you may mail to: ***Presort Services***
PO Box 24096
Lansing, MI 48909

Do not write in this space, for ***Presort Services*** office use only

Date Request Received	
Request Received by	
Request Approved by	
Quantity approved	
Date shipped/mailed	