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| Center/Institution Name: |       |
| Shipping Address: |       |
|  |       |
| Phone (xxx)xxx-xxxx: |       |
| Form Completed By: |       |
| Date Form Emailed, Mailed or Faxed: |       |
| If you are a Sponsoring Organization, how many Centers will you be distributing to? |       |

**Instructions**

1. Complete the Center/Sponsoring Institution information at the top of this order form. **Please type or print legibly with black ink.**
2. Enter the quantity being ordered below.
3. Submit your order by:
	* Email: Jeremy.Henderson@dhhs.nc.gov OR
	* Fax: 919.870.4819 OR
	* Mail: CACFP/Nutrition Services Branch

 1914 Mail Service Center, Raleigh, NC 27699-1914

1. Retain one copy of completed form until order is received.

**Please limit orders to twice a year**

**per sponsoring organization or independent center.**

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| **Outreach** |
| **Quantity** | **Item #** | **Resource** |
|       | (E/S) 0020 | **WIC Makes a Healthy Difference!** Double sided, full color brochure with English on one side and Spanish on the other side. |
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