|  |  |  |
| --- | --- | --- |
| 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](mailto: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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