**Complete the form and email** **pjones@icahn.org** **or FAX to 309-585-0172**

|  |  |
| --- | --- |
| Item Description | Quantity Needed |
| Refrigerator Magnet with FAST Signs |  |
| Blood Pressure Trackers (50 per pkg) |  |
| Plan for stroke-like Tornado/Fire |  |
| Risk Assessment Score Card |  |
| Pledge to call 911 for stroke |  |
| What every family should know about stroke |  |
| **Go to** [**www.icahn.org**](http://www.icahn.org) **for on line resources –** select resources tab and then select stroke library & community education for a **Community Education PowerPoint Presentation and more** | Contact Peggy Jones if you don’t see what you need on line. |
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Date Needed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Ship to Address*:

Street\_ City Zip

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Who is your audience?**

**Will there be a blood pressure screening?**

**Audience type:**

**BP screening included? Yes or No**

**Other Notes:**