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| Select item  |  |  |  |  |  | Q |  |  |  |  |  |  |  | Quantity |  |
| Stroke Magnets |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blood Pressure Trackers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blood Pressure Bookmarks |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Risk Assessment Card |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stroke Signs Wallet Cards |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| What Every Family Should Know about stroke |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stroke Posters |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Table Tents for display tables or luncheon tables |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Explaining Stroke Booklet from NSA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I Pledge to Call 911 Friends & Family Card |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EMAIL FORM TO PJONES@ICAHN.ORG OR FAX TO:309-585-0172 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ship to Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

 City, State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

Counties you serve \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you plan to use the materials during stroke month or after?

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| **Quantity** |
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