



## Business Outreach Order Form

Request Date: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Shipping Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date Needed By: \_\_\_\_\_

Item	Quantity Requested	Quantity Approved
Prevention Brochures		
Program Flyers (3.5 x 8.5) Can be used as Payroll Stuffers		
Applications		
Spanish Applications		
CHIP 1-877-WVA-CHIP/Income Guide Posters		
Web Application Posters		
Summary Plan Description Booklet		
Health Care Provider Guide		

**\*All items are subject to availability.**

**Please return form to Pam Gunter @ WVCHIP**  
**1018 Kanawha Blvd., East Suite 209**  
**Charleston, WV 25301**  
**Phone: (304) 558-2732 Fax: (304) 558-2741**  
**or email form to: [pgunter@wvchip.org](mailto:pgunter@wvchip.org)**

Order Shipped On: _____ By: _____
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