



Educate. Inform. Empower.

1500 Walnut Street, Suite 200, Philadelphia, PA 19102

Dear Counselor, Medical, or Community Outreach Provider,

We invite you to place an order for copies of: Transformaciones: Tu y Tu Cuerpo (Spanish versions of Changes: You and Your Body, Where to Find, a pocket sized guide to family planning clinics in the Philadelphia five-county area, wallet cards described below, and/or Fact Sheets. Most orders can be sent free of charge, except where noted otherwise. To keep costs down and enable us to continue to provide these materials at no charge, we gratefully request that whenever possible orders are picked up from our office at the above address. If a larger number of any of these materials is needed, please contact our administrative office at (215) 985-3355. We sincerely appreciate your assistance in providing this vital information to people in Philadelphia and surrounding areas.

ORDER FORM

Fax back to: 215-985-2838

Or mail to CHOICE, Attn. Material Order •1500 Walnut Street, Suite 200• Philadelphia, PA 19102

- Please send me \_\_\_ copies (limit 75) of Where to Find
Please send me \_\_\_ copies (limit 5) of Where to Find Mini Disc
Please send me \_\_\_ copies (limit 25) of A young women's guide to abortion in Pennsylvania (E)
Please send me \_\_\_ copies (limit 20) of Changes: You and Your Body (E) (currently unavailable\*\*)
Please send me \_\_\_ copies (limit 20) of Transformaciones: Tu y Tu Cuerpo (S) \*

\*Please note a total number of 20, in any combination, copies of Changes or Transformaciones may be ordered for mailed shipments. If you would like a larger number, please call to arrange a pick up.

\*\*Orders for Changes will be put on a wait list.

Please send me the following wallet cards (limit 150)

- \_\_\_ PA State AIDS Factline (E/S)
\_\_\_ CHOICE Hotline (E/S)
\_\_\_ CHOICE Hotline ECP (E/S)
\_\_\_ CHOICE Teen Hotline (E/S)
\_\_\_ CHOICE Text Messaging (E)
\_\_\_ CHOICE Maternal & Child Health Line (E/S)

- \_\_\_ Patient's Rights and Responsibilities (E)
\_\_\_ Kid's Health Insurance Flyer (E/S)
\_\_\_ Female & Male Anatomy (E/S)
\_\_\_ Genital Health (Male & Female) (E/S)
\_\_\_ Pelvic and Breast Exams (E)
\_\_\_ Teen Rights & Pregnancy
\_\_\_ HPV (E/S)
\_\_\_ Lesbian Youth (E)
\_\_\_ Gay Youth (E)
\_\_\_ Transgender Youth (E)
\_\_\_ How to Use a Dental Dam (E/S)

I would like to receive the following Fact Sheets (please circle the language(s) you are ordering):

- \_\_\_ CHOICE Brochure (E)
\_\_\_ Education Topics (E)
\_\_\_ Birth Control Options (E/S/V/C/CB)
\_\_\_ Emergency Contraceptive Pill (E/S)
\_\_\_ Reproductive Health Services for Teens (E/S)
\_\_\_ Sexually transmitted Infections, STI's (E/S)
\_\_\_ HIV Transmission/Prevention/Testing (E/S)
\_\_\_ Menstrual Cycle (E/S/V/C/CB)
\_\_\_ Menopause (E/S)

Key: (E) = English
(S) = Spanish
(V) = Vietnamese
(C) = Chinese
(CB) = Cambodian/Khmer

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department/Title: \_\_\_\_\_

Organization/School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ e-mail: \_\_\_\_\_ Updated 12/2012