

CAMPAIGN MATERIALS ORDER FORM

HOSPITAL NAME _____

NAME OF CHPAC CAMPAIGN COORDINATOR _____

Title _____ Telephone number _____

Fax number _____ Email Address _____

Mailing Address _____

City _____ State _____ Zip _____

The following number of CHPAC campaign materials is needed:

(Please specify quantity needed)

_____ CHPAC letterhead

_____ CHPAC non-window envelopes

_____ CHPAC pre-addressed return envelopes

_____ CHPAC pledge forms

_____ CHPAC thank you cards and/or envelopes

_____ CHPAC brochures

I would like to secure a CHPAC speaker for a management meeting and/or presentation on the following date(s): _____.

PLEASE RETURN COMPLETED FORM TO THE CHPAC OFFICE

1215 K Street Suite 800, Sacramento, California 95814

Phone: (916) 552-7533

Email: CHPAC@calhospital.org