



Supplies Order Form

Volunteer Name: _____

STAFF USE ONLY
Date Order Filled: _____
Method of Delivery:
<input type="checkbox"/> Mailed/Shipped
<input type="checkbox"/> Hand Delivered

SMP Printed Materials

Item Name	Quantity Needed	Date Needed By
Healthcare Tracker		
One-Page SMP Information Sheet		
Newsletter: The Scoop		
Volunteer Recruitment Flyer		
Tribal Specific Brochure		

SMP Give Away Items/Swag

Item Name	Quantity Needed	Date Needed By
When to Contact SMP Magnet		
Jar lid Opener		
Letter Opener		
Presentation Only Items – 1packet/attendee		
<ul style="list-style-type: none"> • Blue Document File Folder 		
<ul style="list-style-type: none"> • SMP Pen 		

SMP Additional Materials

Item Name	Quantity Needed	Date Needed By
SMP Talking Points		
Volunteer Recruitment Poster		
Celebrity Scam Poster		
Newsletter Sign-up Sheet		
Fraud Alerts		
Ingrid + Susan Business Cards (please circle whose card/s are needed)		

Notes: _____
