Deficit Reduction Act (DRA) Poster Order Form

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Organization Name ______________________ Today's Date ______________

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Organization Category Please indicate the category your organization represents:

- ☐ County Social Services
- ☐ County Health Department
- ☐ Hospital/Clinic
- ☐ Health Plans
- ☐ Health Provider
- ☐ School
- ☐ Community Based Organization
- ☐ Advocate
- ☐ Stakeholder

Language Selection (number ordered)	**Mailing**
English ____________ Spanish ____________ Arabic ____________ Armenia ____________ Chinese ____________ Farsi ____________ Hmong ____________ Khmer (Cambodian) ____________ Korean ____________ Lao ____________ Russian ____________ Tagalog ____________ Vietnamese ____________	Please allow 5 to 7 working days for standard delivery at no cost. **Special Delivery Request** You may request to have posters shipped at your cost by: ☐ UPS ☐ FedEx **Preferred Method** ☐ Overnight ☐ 2-Day ☐ Ground Your Billing Authorization/Account # ______________________