

**Youth Pride, Inc.
Materials Order Form**

Mailing address and contact information

Name: _____
 Street: _____
 City, State, Zip: _____
 Phone: () _____ Email: _____
 Organization/School: _____

Title: Provider Teacher Administrator Other: _____
 If school personnel, grade levels: K-5 6-8 9-12 Other: _____

<u>Materials</u>	<u>Cost</u>	<u>Quantity</u>
Youth Pride, Inc. Colorful Poster (11" x 17")	—	
Youth Pride, Inc. School Poster (11" x 17")	—	
Youth Pride Inc. Action Team "Stop. Think. Erase Hate" School Poster (11" x 17")	—	
Resource Guide for Youth, Educators, Parents & Providers: "Breaking the Silence: A guide to Creating Nurturing Environments for Lesbian, Gay, Bisexual, Queer and Questioning Youth"	\$10 \$2 shipping/handling	
Safe Zone stickers	—	
TOTAL		

Credit card number: _____
 Expiration date: ___ / ___
 Amount authorized: \$ _____
 CVV code: _____

(If you are using a Visa, MasterCard, or Discover card, the CVV code is the 3 digit number that appears on the back of your card. If you are using American Express, the verification number is a 4 digit number that appears on the front of your card, above and either on the left or right of the card number.)

Date: _____ Signature: _____

Check enclosed
 Check number: _____
 Amount of check: \$ _____

Please mail completed form and payment to:
 Youth Pride, Inc.
 171 Chestnut St., Providence, RI 02903

Alternately, if paying by credit card, you may fax to:
 Youth Pride Inc.
 Fax # (401) 274-1990

