

Arkansas Disability and Health Program Mammography Flyer Order Form

Name _____

Clinic _____

Mailing Address _____

City _____ State _____ ZIP _____

Telephone _____ E-Mail Address _____

Plan for displaying distributing or displaying the flyers _____

Free of charge:

Item	Flyers of Women With Disabilities Advocating for Mammography	Quantity 20/pack
1	Jonna Bloodworth – Fayetteville, AR	
2	Julie Finley – Little Rock, AR	
3	Saundra Harris – North Little Rock, AR	
4	Jean Ellen White – Hot Springs, AR	
Total Packs requested		

Mail or fax a copy of this order form to:

Judy Young
Partners for Inclusive Communities
2001 Pershing Circle, Suite 300
North Little Rock, AR 72114
FAX 501-682-9991

For questions contact Judy Young at youngjuditha@uams.edu.