

EMPLOYER INFORMATION REQUEST FORM

Please fill out this form, print and fax back to us at (323) 722-8927.

Your Name

Company Name

Phone Number where we may reach you () Ext.

Address to ship supplies to

Street

City State Zip

Your e-mail address

Number of employees

Supplies - Please send me the following:

Item	Quantity
Membership Brochures (English)	<input type="text"/>
Membership Brochures (Spanish)	<input type="text"/>
Loan Applications (English)	<input type="text"/>
Loan Applications (Spanish)	<input type="text"/>
Posters (English)	<input type="text"/>
Posters (Spanish)	<input type="text"/>
Current Newsletter (when available)	<input type="text"/>
Paycheck Stuffers	<input type="text"/>
Payroll Deduction Cards	<input type="text"/>
Other (please specify): <input type="text"/>	<input type="text"/>

On-Site Meetings

Yes, we would like to have you meet with our employees to discuss PICU membership. (A PICU representative will call you to set up a date and time for an on-site presentation.)