

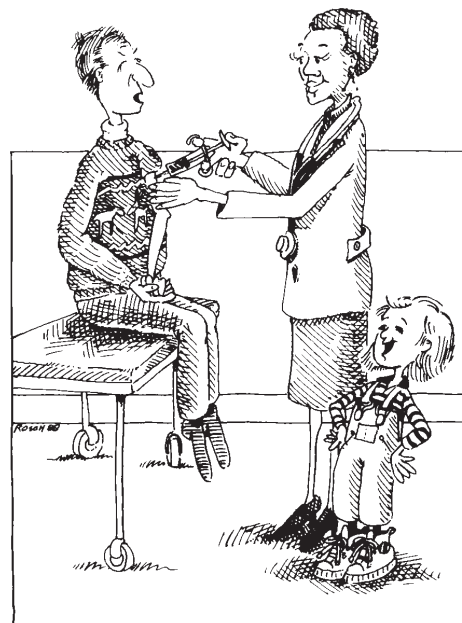
# Increase Immunization Action— Become IAC's Partner Today!

The Immunization Action Coalition (IAC) welcomes your contribution of any amount. Your financial support will bring you any or all of IAC's quality print publications—*Needle Tips*, *Vaccinate Adults*, and *Vaccinate Women* (check the boxes below). Your contribution is critical in continuing IAC's work of producing accurate, up-to-date immunization information and making it available worldwide.

When you contribute \$75 or more, you'll also receive a CD-ROM of essential immunization information. The CD includes

- Current versions of all IAC's print materials in English and many in Spanish—more than 100 documents!
- The most recent version of all federal VISs (Vaccine Information Statements)—in English and Spanish)

Most importantly, you'll have the satisfaction of being IAC's partner in preventing disease and saving lives.



Artwork courtesy of New York State Health Dept.

## I Want to Support IAC!

Or contribute online at:  
[www.immunize.org/support](http://www.immunize.org/support)

I am a  new  renewing contributor.

### Here is my contribution:

- \$25     \$50     \$75     \$100  
 \$150     \$200     \$250    other: \$ \_\_\_\_\_

Send me the following publications:

- Needle Tips*—on child & adult immunization (semiannual)
- Vaccinate Adults*—on adult immunization (semiannual)
- Vaccinate Women*—on women's immunization (annual)
- I don't need a subscription, thanks!
- I'm supporting IAC at a \$75 level or higher. Please send me a CD of all IAC print materials in English and available Spanish translations, as well as Vaccine Information Statements (VISs) in English & Spanish.
- I don't need a CD, thanks!

**Fax to:** (651) 647-9131, or

**Mail to:** Immunization Action Coalition  
1573 Selby Avenue #234  
St. Paul, MN 55104

**Go online at:** [www.immunize.org/support](http://www.immunize.org/support)

**Method of payment:**  Check enclosed  Purchase order # \_\_\_\_\_  
 Visa     Mastercard     Am. Express     Discover

Card # 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Exp. date \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Shipping address (Check one: This is my  organization address  home address)

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email address