



# TOOLKIT ORDER FORM

**ABOUT OPIOID ADDICTION**  
Genesee County Opioid Prevention Project

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

( ) **Comprehensive KNOW MORE About Opioid Addiction Resource Toolkit** QTY \_\_\_\_\_

( ) **Quick Reference Referral Guide for Substance Use Treatment** QTY \_\_\_\_\_

***For more information, please contact:***

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***Visit [KnowMoreGenesee.org](http://KnowMoreGenesee.org) for additional resources and information.***



GREATER FLINT HEALTH COALITION

