

Request for Truth About Drugs Education Program Adoption

NAME

ORGANIZATION

POSITION

ARE YOU AN EDUCATOR? YES NO

ADDRESS

CITY

STATE

ZIP CODE

PHONE

EMAIL

WEBSITE

Please fill out the above form and turn it in to one of our staff or volunteers.

The Truth About Drugs Education Package and its additional materials will be ordered at your address and will be delivered to you directly from our International head quarters. There will be some local forms and KYC requirements that you will need to fill. Feel free to contact us in case you need any support at the time of receiving the shipment at your location.

In order to aid us in getting the right quantities to you, kindly, let us know the follow:

Age Group of students who will receive the Truth about Drugs Lessons:

No. of students per class:

No. of classes per year:

No. of Educators allocated for this program:

How would you communicate the progress to us:

- Video Footage Y/N
- Photographs Y/N
- Written reports Y/N

We would like to thank you and congratulate you for choosing to bring the Truth About Drugs to your students and taking this important step in securing a better future for the youth of our country.

● ————— THANK YOU ————— ●

