

Kit for New Parents Bulk Order Form

PARTNER INFORMAT	ION								
First Name*	Last Name*				Org	Organization/Agency/Company Name*			
Organization/Agency/Comp	pany Type (exan	nples: hospital,	clinic, social se	rvice, county a	gency, etc.)				
Address 1* (Please note we cannot ship to PO boxes)						Address 2 (floor/room/suite #)			
City*		Zip	Zip*			County			
Phone and Extension (if applicable)*		Em	Email*						
DELIVERY INSTRUCT	IONS								
☐ Can accept pallet deliver	ries 🗖 Loading	dock available	e						
PO# (if required)									
☐ Must have prior delivery	appointment o	n phone:							
Phone Number and Extensi	on (if applicable	e)							
QUANTITIES REQUES	STED								
	5 Working Days	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023
English Kits Quantity									
Spanish Kits Quantity									
Chinese Kits Quantity									
Korean Kits Quantity									
Vietnamese Kits Quantity									
Comments:									

Fill out form completely and email completed form to parentkit@ccfc.ca.gov. Please allow 10 business days for processing.