

**ONTARIO HEALTH COALITION**

**TAX AND HEALTH CARE NEWSPRINT TABLOID ORDER FORM**

Name \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone (day) \_\_\_\_\_

Telephone (evening) \_\_\_\_\_

Email \_\_\_\_\_

Number of copies ordered \_\_\_\_\_

Where will you be distributing them? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*OHC office use only:*

\_\_\_ order sent \_\_\_ confirmation sent \_\_\_ db \_\_\_ els \_\_\_ lls