



# Materials Checklist

Please fill out and return to:  
 Marshfield Clinic Center for Community Outreach, Attn: Danielle Luther,  
 1000 N. Oak Ave (F1C), Marshfield, WI 54449

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Person Phone: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

ITEM	CHECK BOX FOR MORE	QUANTITY NEEDED
Member Policy Sheet (Figure A)	<input type="checkbox"/>	
I DO Check Laminate (Figure B)	<input type="checkbox"/>	
I DO Check Window Cling (Figure C)	<input type="checkbox"/>	
Server Contract w/ Section 125 Summary	<input type="checkbox"/>	
Brochure (Figure D)	<input type="checkbox"/>	
Log Book (Figure E)	<input type="checkbox"/>	

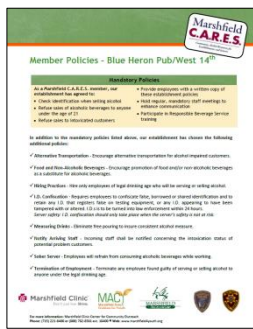


Figure A: Policy Sheet



Figure B: Laminate



Figure C: Window Cling



Figure D: Brochure

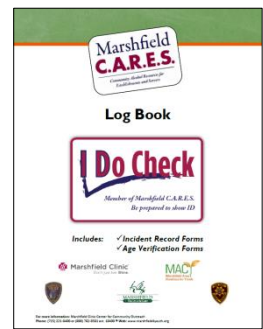


Figure E: Log Book



For more information: Marshfield Clinic Center for Community Outreach  
 Phone: (715) 221-8400 or (800) 782-8581 ext. 18400 ■ Web: [www.marshfield4youth.org](http://www.marshfield4youth.org)  
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