

PAD Resource Order Form

PAD Parent and Community Handbook

Please send me a complimentary copy

Parent Action Pack (includes "Parents Need to Know...", "When you have concerns", "Info Topics" on Alcohol and on Marijuana)

Please send me a complimentary Parent Action Pack

Early Start / Premier Pas

Please send me a complimentary copy

English and/or French

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____

E-mail: _____

Mail to: Parent Action on Drugs
7 Hawksdale Road
Toronto, ON M3K 1W3

or Fax: (416) 395-4972