

Life Foundation

Resource Request Form



Thank you for your interest in getting to know the resources available at Life Foundation.
Please fill out this request form and mail, email or fax it to:

Melanie Moore, Life Foundation

677 Ala Moana Blvd., Suite 226 * Honolulu, Hawaii 96813 * Fax: 521-1279 * Email: mmoore@lifefoundation.org

Services: Yes, I would like to be contacted to learn more about the following Life Foundation services and how my organization and constituents can access them. Please check all that apply:

- HIV Testing:** Life Foundation provides free and anonymous HIV testing, both in its offices and remote locations.
- HIV Care:** Nearly 700 HIV positive men, women and children come to Life Foundation for support. Case Managers are available to assist people living with HIV (referred to as clients) with benefits, financial assistance, housing and emotional support.
- HIV Prevention Education:** Life Foundation operates several educational programs for individuals at high risk for HIV, including gay and bisexual men, women, transgender, and Pacific Islanders.

Publications and outreach materials: Yes, I would like to receive the following publications/outreach materials. Please note how many of each you would like to request.

_____ **Safer Sex Kits and Condoms:** Safer sex kits and condoms are available for no charge through Life Foundation.

_____ **General Life Foundation Brochure:** Basic information about Life Foundation's services.

_____ **HIV Care Brochure:** Specific information for people living with HIV, the services Life Foundation provides people living with HIV, and how to become a Life Foundation client.

_____ **LifeBeat:** A monthly newsletter designed for people living with HIV or working in the field of HIV/AIDS care.

_____ **HIV Care Poster:** A poster advertising Life Foundation's services to the HIV positive community.

_____ **HIV Testing Palm Card:** A small card with information on Life Foundation's free HIV testing.

Your information

Name: _____ Title: _____

Organization: _____ Website: _____

Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

Email: _____