

REDUCING GANGS IN VIRGINIA
Class Action Gang Reduction Program

Order Date: _____

Instructor's Name: _____ Certification Date: _____

Ship To: _____ Residential: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact No.: _____ Email: _____

Gang Prevention Program Ordering Information:

_____ K-2 Gang Prevention Program	_____ One set per Instructor
_____ Elementary Gang Prevention Program	_____ Number of Booklets
_____ Middle School Gang Prevention Program	_____ Number of Booklets
_____ High School Gang Prevention Program	_____ Number of Booklets
_____ Parent/Teacher Gang Prevention Program	_____ Number of Booklets

Program Information:

Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School: _____

County: _____

Grade Level: _____

Number of Students: _____

Number of Classes: _____

Office of Attorney General 900 East Main Street Richmond, Virginia 23219
Email: vaclassaction@oag.state.va.us Phone: (804) 786-8192 Fax: (804) 786-9907

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