

Evaluation

Please take a moment to evaluate the materials in this Health Cares About Domestic Violence Day Organizing Packet. Your feedback is incredibly important to us as we prepare future materials. FAX the completed form to 415-252-8991 or SEND to: FVPE, Attn: Health, 383 Rhode Island St., Suite 304, San Francisco, CA 94103-5133. Content that you provide may be used for future materials. Thank you!



Receive 2 free health care and domestic violence posters when you return this evaluation

1. My facility/organization will initiate (or initiated) the following activities for *Health Cares About Domestic Violence Day*: _____

2. How did you learn about *Health Cares About Domestic Violence Day*? _____

3. What did you find most helpful about this packet? _____

4. Which years have you participated in *Health Cares About Domestic Violence Day*? (Please circle all that apply)

1999 2000 2001 2002 2003 2004 2005

5. Did you visit www.endabuse.org for more information? Yes No I do not have internet access

Name _____ Position _____

Company/Organization _____

Address _____

City, State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

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I am a: Health Care Provider Survivor/Victim of D.V. Concerned Individual
 Health Care Administrator Domestic Violence Victim Advocate
 Public Health Worker Other (please specify) _____

Specify poster: English Spanish Russian Chinese Vietnamese LGBT (English)



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