



WomenShelter of Long Beach

Please consider supporting our families
this Thanksgiving by becoming a sponsor

Thanksgiving Sponsorship: Help our families by providing a Thanksgiving meal!

Thanksgiving Sponsor-A-Family Program

If you would like to participate in our Thanksgiving Sponsor-A-Family Program, please fill out the form below and email it to NTaweepong@wslb.org. You will then receive an email with detailed information about the program and the family you are sponsoring. If you have any questions at any time, please contact Nina via email or give her a call at (562) 437-7233, ext. 31.

Sponsorship Details

Once you have received the information regarding the family you will be sponsoring, you can purchase a traditional Thanksgiving meal in one of two ways:

1. You can purchase a complete meal at the Vons grocery store listed below.
When purchasing the meal, please place the order under the name of the family you are sponsoring. After purchasing the meal, **please bring or mail the store receipt to WSLB's Domestic Violence Resource Center by Tuesday, November 13, 2018.** It is of utmost importance that we receive the store receipt because the family you sponsor will need it to pick up their meal.
2. Make a financial donation of \$55 and WSLB will purchase a meal in your name for one of our families.

Office Location

Domestic Violence Resource Center
4201 Long Beach Blvd., Ste. 102
Long Beach, CA 90807

Grocery Stores Information

Vons 4550 Atlantic Ave.
Long Beach, CA 90807
Deli Department:
(562) 984-1421, ext. 3



*Thank you so much and
Happy Thanksgiving!*

Office Hours

Monday-Friday 9am-4pm
Please note that our Resource Center
will be closed on:
November 22nd and 23rd

Registration Form

I would like to sponsor the following: _____ # of meals (each meal can feed a family of up to 6 individuals)
I am unable to purchase a meal(s), but I would like to support the families that benefit from the life-saving victim services that WomenShelter of Long Beach provides by making a donation to WSLB of \$_____.

My contact information (All information is required)

Name of Sponsor/Contact Person _____ Name of Org. _____

Name as you would like it to appear on our Donor Thank You _____

Address _____ Unit # _____

City _____ State _____ Zip _____

Phone # _____ Email _____

If you are making a financial donation, please complete the following information:

Payment: Check enclosed Visa MasterCard American Express

Name on Card: _____

Card Number: _____ Expiration Date: _____

Security Code: _____ Billing Zip Code: _____ Authorized Signature: _____

Questions? Please contact: Nina Taweepong at NTaweepong@wslb.org or 562-437-7233 ext. 31