



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 for \$59.99 at the Vons or the Ralphs grocery stores 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 Friday, November 15, 2019.** 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 \$59.99 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

Office Hours

Monday-Friday 9am-4pm
 Please note that our Resource Center will be closed on:
November 28th and 29th

Grocery Stores Information

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

Ralphs 2250 E. Carson St.
 Long Beach, CA 90807
 (562) 424-2012



*Thank you so much and
 Happy Thanksgiving!*

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