



WomenShelter of Long Beach
Please consider supporting our families
this Holiday Season by becoming a sponsor

Winter Holiday Program: Help our families by providing holiday gifts and essentials

How to Sponsor-A-Family

If you would like to participate in our Sponsor-A-Family Program, please complete the registration form located below and email it to Nina Taweepong at NTaweepong@wslb.org, or call Nina at 562-437-7233, ext. 31.

Once you submit the registration form to Nina, you will receive an email containing detailed information about the program and the family you are sponsoring -- including a brief story to introduce you to the family, a wish list, and more. You will then purchase items on the wish list for the family. Each gift should be wrapped and labeled with the name of the family member the gift is intended for prior to delivery at our Domestic Violence Resource Center. For more details regarding delivery, please see below.

Delivery Details

Please deliver all wrapped and labeled gifts to the WSLB Domestic Violence Resource Center for distribution to our families by:

Friday, December 13, 2019
no later than 4pm

Please note that our Domestic Violence Resource Center will be closed on:
December 25th and 26th

Delivery Location

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

Delivery Days and Hours

Monday-Friday 9am-4pm



*Thank you so much and
 Happy Holidays!*

If you have any questions regarding delivery, please contact Nina Taweepong at NTaweepong@wslb.org or 562-437-7233, ext. 31.

Registration Form

I would like to sponsor the following:

- 1 Client only Client and 1-2 children Client and 3-4 children Client and 5/more children

I am unable to sponsor a family, 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