



# WomenShelter of Long Beach 2020 Thanksgiving Holiday Family Sponsorship

**The Program:** Provide our WSLB client families with a gift card so that they can purchase their Thanksgiving Holiday Meal. Please fill out the registration form below and *email* it to [Ntaweepong@wslb.org](mailto:Ntaweepong@wslb.org) or call Nina at (562) 437-7233, extension #31. Once we have you registered, we will send you the name of the family that you are sponsoring.

**The Details:** Purchase a **\$50 Gift Card to one of the following stores: Food4Less, Ralphs, Smart & Final, Vons, or Stater Brothers** and drop it off with the registration form at our DV Resource Center or mail it to us at our PO Box. Please feel free to include a card from you to the family that you are sponsoring as they would really enjoy that. If you prefer, we will have assorted Thanksgiving cards and envelopes available for you when you drop off your contribution. You are not limited to the \$50 Gift Card. If you wish to make a larger contribution, or an additional donation of non-perishable food items for the family that you are sponsoring, that would be very much appreciated as well.

Your Thanksgiving card and Gift Card will be presented to your sponsored family with a beautiful Thanksgiving floral centerpiece provided by WSLB and our volunteers.

Please bring your donation to our DVRC by **FRIDAY, NOVEMBER 20, 2020**

**WomenShelter of Long Beach  
Domestic Violence Resource Center  
4201 Long Beach Boulevard, Suite 102  
Long Beach, CA 90807**

**Mailing Address: PO Box 17098, Long Beach, 90807**



**Thank you for your support. Happy Thanksgiving to you and your family from everyone at WomenShelter of Long Beach!!**



## **2020 WSLB Thanksgiving Sponsorship REGISTRATION FORM**

Please complete this registration form and email it to Nina at [Ntaweepong@WSLB.org](mailto:Ntaweepong@WSLB.org).

I would like to sponsor \_\_\_\_\_ family (families) this Thanksgiving Holiday.

Contact Information (required): Contact Person: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Organization/Business (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_



If you would like WSLB to purchase the Gift Card in your name, please complete the following: AMOUNT \$ \_\_\_\_\_

Payment: \_\_\_CHECK \_\_\_VISA \_\_\_MasterCard \_\_\_Amer. Express CARD NUMBER: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ Signature: \_\_\_\_\_