Women That Give

Driving Change By Giving Back

WINTER DRIVE SUPPORT REQUEST FORM

This form is for individuals and families requesting essential winter supplies through Women That Give. Please complete the information below so our team can assess needs and coordinate support based on available donations.

Campaign: Winter Drive 2026 **Date:** _____

Preferred Contact: ☐ Phone ☐ Text ☐ Email **City:** _____

Preferred Language: _____

Client / Household Information

Full Name: _____ **Phone Number:** _____

Email Address: _____ **Alternate Phone:** _____

Home Address: _____

Postal Code: _____ **Number of Adults:** _____ **Children:** _____

Household Members Requiring Winter Items

List each person requesting clothing or other winter essentials. Include sizes where applicable.

Adult / Child	Age (if child)	Coat Size	Boot / Shoe Size	Other Sizes / Notes

Requested Winter Essentials

Check all items your household needs. Availability may vary by item and size.

- ☐ Winter coats / jackets
- ☐ Winter boots
- ☐ Warm sweaters
- ☐ Thermal clothing
- ☐ Gloves / mittens
- ☐ Winter hats / scarves
- ☐ Warm socks
- ☐ Blankets
- ☐ Hygiene products

Other essential needs: _____

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Priority Needs and Additional Information

Which three requested items are most urgently needed?

1. _____
2. _____
3. _____

Other winter-related needs or information (optional):

Pickup and Communication Details

Are you able to pick up supplies if your request is approved? ☐ Yes ☐ No ☐ Unsure

Preferred pickup area or location: _____

Best days / times to contact you: _____

Transportation concerns: _____

Accessibility needs or special instructions: _____

May we contact you about other Women That Give support programs? ☐ Yes ☐ No

Important Notes

Support is based on family need and available donations. Submitting this form does not guarantee assistance. Families will be contacted if items are available. Please inform Women That Give if your circumstances or requested sizes change.

Consent

I confirm that the information provided is accurate. I consent to Women That Give using this information to assess my request and contact me about this campaign. I understand that completing this form does not guarantee assistance.

Client / Guardian Signature: _____ **Date:** _____