



## PERIOD PACKING PARTY PACKING LIST

Following are the items to include by client group.



### ASSEMBLE PERIOD PACKS INTO QUART SIZE ZIPLOC BAGS AND SEAL FOR:

#### HOMELESS WOMEN AND GIRLS LIVING ON THE STREET:

- Five to seven (5-7) menstrual pads\*
- Five to seven (5-7) tampons
- Seven (7) liners
- Seven (7) individually wrapped feminine hygiene wipes\*\*

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#### SHELTERS, REFUGEE CENTERS, FREE MEDICAL CLINICS AND SIMILAR:

- Five (5) menstrual pads
- Five (5) tampons
- Five (5) liners

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#### SCHOOLS:

- Seven (7) menstrual pads
- Seven (7) liners



### PLACE PERIOD PACKS INTO KITCHEN GARBAGE BAGS FOR TRANSPORT TO CLIENTS:

Once your party guests assemble the Period Packs, please place them into unscented kitchen size garbage bags.

CLIENTS	NUMBER OF PACKS PER GARBAGE BAG
Homeless women and girls living on the streets	25
Shelters, refugee centers, free medical clinics and similar	25
Schools	50

\* Please make sure the pads are menstrual pads and not designed for incontinence.

\*\* Please include hygiene wipes and not alcohol wipes.



## CHECK DONATION FORM

Please send donations made by check along with this form to:

Homeless Period Project, 413 Wilton Street, Greenville, SC 29609

Donation amount \$ \_\_\_\_\_

- Yes! I would like to make a recurring donation to support an individual in need of monthly feminine hygiene.
- \$18 supports one woman for three months       \$36 supports one woman for six months
- \$108 provides care for one year       \$600 delivers one quarter of care to a shelter
- \$1200 provides one semester of care for a school       Other \$ \_\_\_\_\_/month

### DONOR INFORMATION\*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company (Optional) \_\_\_\_\_

Address \_\_\_\_\_ Apt./Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ email \_\_\_\_\_@\_\_\_\_\_

**TO MAKE YOUR GIFT IN HONOR OF OR IN MEMORY OF AN INDIVIDUAL OR FAMILY MEMBER, PLEASE COMPLETE THE FOLLOWING SECTION:** Please note, the HHP does not disclose the donation amount.

I would like my gift to be (select one):  in honor of       in memory of

Honoree \_\_\_\_\_

Please send acknowledgement of my donation to:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt./Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If you have questions or need help, please contact us at (864) 915-8361 or by email at [info@homelessperiodproject.org](mailto:info@homelessperiodproject.org).  
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