



PERIOD PACKING PARTY

Instructions:

The following are the only items we put in a period pack:

Ultra-thin pads (regular, heavy and overnight absorbency), tampons (regular and super), liners, individually sealed personal hygiene wipes, gallon and quart zip top bags.

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

** Please include hygiene wipes and not alcohol wipes.



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

ADULT - COMMUNITY/HOMELESS:

- Ten (10) menstrual pads, Ten (10) tampons, Five (5) liners, Five (5) hygiene wipes (vary types/sizes of pads and tampons, please)

STUDENT - SCHOOLS:

- Seven (7) menstrual pads, Seven (7) liners, Seven (7) hygiene wipes (vary types/sizes of pads, please)



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 and label each bag. Adult or Student

NUMBER OF PACKS CLIENTS PER GARBAGE BAG:

Place 15-25 packs into a large garbage bag and label outside of garbage bag & write the number and size of packs using a permanent marker to make delivery easier. Thank you!

Have fun and send us pictures!! Info@HomelessPeriodProject.org



CHECK DONATION FORM

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

The Period Project, PO BOX 402/600 W. Washington Street, Greenville, SC 29602

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 month

\$108 provides care for one year

\$600 delivers one quarter of care to a shelter

\$1,200 provides one semester of care for a school

Other \$ _____/month

DONOR INFORMATION*

Name: _____

Address: _____ Apt./Suite: _____

City _____ State _____

Zip _____ Phone (_____) _____ E-Mail: _____

TO MAKE YOUR GIFT IN HONOR OF OR IN MEMORY OF AN INDIVIDUAL, PLEASE COMPLETE THE FOLLOWING SECTION:

I would like my gift to be (select one)

in honor of _____

in memory of _____

Please send acknowledgement of my donation to: Please note, the TPP does not disclose the donation amount.

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. HomelessPeriodProject.org | Homeless Period Project is a tax-exempt 501(C)(3) nonprofit organization. 864-630-9617

PERIOD PACKING PARTY

PACKING PARTY HOST CONTACT INFORMATION

First Name: _____

Last Name: _____

Company: (Optional) _____

Address: _____ Apt. / Suite _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____

Email: _____

Social Media (if applicable): _____

PARTY INFORMATION

Occasion: _____ Number of Attendees: _____ Hours of volunteer time: _____

We are making packs for:

- The Period Project to donate to local organizations
- Specify organization of my choice & I will deliver: _____
- We are providing our own product
- We are in need of product or packing materials (please list below)

- After the party we will deliver bags to my local Period Project Chapter
- After the party we will need TPP to pick up the packed product and remaining supplies.

of PARTY PACKS CREATED

_____ Adult Packs

_____ School Age Packs

If you have questions or need help, please contact us by email at info@homelessperiodproject.org.
HomelessPeriodProject.org | Homeless Period Project is a tax-exempt 501(C)(3) nonprofit organization.

Volunteer Sign-In Sheet

NO.	VOLUNTEER NAME	PHONE (CELL)	MAILING ADDRESS	E-MAIL
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

ORGANIZATION	TIME	EVENT DATE	LOCATION
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