



Resource Request Form

Email form to Education@klinik.mb.ca

Requestor Information:

Contact Name:	Phone #:	
Contact Email:		
Name of Organization / Company:		
Mailing Address:		
City:	Province:	Postal Code:

<u>Pamphlets:</u>		<u>How Many?</u>
	Community Drop-In Counselling Program	
	Seniors Abuse Support Line	
	When Someone You Know Has Been Sexually Assaulted	

<u>Posters:</u>		<u>How Many?</u>
	Klinik Walk-In Services	

<u>Wallet Cards:</u>		<u>How Many?</u>
	Klinik Community Health	
	Manitoba Suicide Prevention & Support Line	

Click "SUBMIT" to send form to Education@klinik.mb.ca