



# Resource Request Form

Email completed form to [Education@klinik.mb.ca](mailto:Education@klinik.mb.ca)

## **Requester Information:**

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Name of Organization / Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## **Pamphlets: *max. 200 of each pamphlet***

## **How Many?**

	Community Drop-In Counselling Program	
	Hummingbird – Sexual Assault & Intimate Partner Violence Crisis Response Program	
	Prevention of Suicide in Older Adults pamphlet	
	Senior's Abuse Support Line	
	Trans Health Clinic	
	When Someone You Know Has Been Sexually Assaulted	

## **Wallet Cards & Toolkit:**

## **How Many?**

	Klinik Community Health ( <i>max. 200 per order</i> )	
	Manitoba Suicide Prevention & Support Line ( <i>max. 200 per order</i> )	
	Trauma-informed: The Trauma Toolkit ( <i>max. 25 per order; local pick-up only</i> )	

Click "SUBMIT" to send form to [Education@klinik.mb.ca](mailto:Education@klinik.mb.ca)