



Resource Request Form

Email completed form to Education@klinik.mb.ca

Requester Information:

Contact Name: _____

Contact Email: _____

Name of Organization / Company: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Pamphlets:

How Many?

	Community Drop-In Counselling Program	
	Hummingbird – Sexual Assault & Intimate Partner Violence Crisis Response Program	
	Seniors Abuse Support Line	
	When Someone You Know Has Been Sexually Assaulted	

Wallet Cards:

How Many?

	Klinik Community Health	
	Manitoba Suicide Prevention & Support Line	

Click “SUBMIT” to send form to Education@klinik.mb.ca