DONATION DRIVE INFORMATION GUIDE



It is our dream at Grace Upon Grace Project to provide under-served families and infants the basic necessities to live and grow with grace and dignity while addressing the roots of social inequities.

THANK YOU FROM GRACE UPON GRACE PRIOECT

Dear Donation Drive Organizer,

We wanted to first say thank you on behalf of Grace Upon Grace Project for your generous commitment of time and effort to coordinative a drive for local underserved families. The items collected during your product drive will help us build our inventory, which will then in turn be used to supplement local families on our market days. Not only will there be a generous donation of products, but you are also spreading awareness around diaper need/period poverty and why this awareness is important to families who are struggling. Your role in helping reduce diaper need/period poverty is much appreciated.

We hope you enjoy this experience of coordinating the drive!

Kindly,

Emily Jorgensen

President

Heather Williams

Vice President

Sarah Monares

Squalelleneures

Secretary

HOSTING A DONATION DRIVE

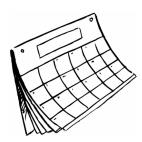
Share your plans with Grace Upon Grace Project

We strongly encourage you to let us know if you are hosting a drive. We can help promote your drive and get you connected with other local volunteers.



Choose Your Location

Pick a place that is centrally located. Gain the support of the community by making it convenient to donate! Select a drop-off location that is easily accessible to ensure great participation. Label collection bins and download our flyer and diaper collection form.



Decide on a Time Frame

Plan to host your drive for at least a week, or longer so people have enough time to donate. Does it make sense to tie your drive to a holiday or community tradition or you could maybe partner with an already planned community event.



Get The Word Out

Announce your drive through social media, press releases to the local media. One of the best ways to advertise is word of mouth so be sure to talk about your event!

DONATION DRIVE CHECKLIST



Gather other volunteers who can help you coordinate your efforts. Friends, family, neighbors and coworkers are all fair game!

Select start/end date

Drives generally run from one week to one month long.

Spread the word

Use any method; social media, emails, flyers and word of mouth to spread the word to get more donations. Start prior to the drive and keep it going during. Make sure you tag GUGP!

Collect and deliver

Round up the volunteers and all of the donations for drop off with GUGP. Make sure you take a picture of all your donations!

Choose your location(s)

Pick a place that is centrally located to make it easy. If you are doing it at a place of business make sure the donation bin location is in a highly visible area.

Establish a goal

Come up with a goal of how many of each product you would like to raise. Coordinate with the immediate needs of GUGP and track your progress.

Pickups/dropoffs

Organize pickups/dropoffs if it is necessary for longer drives so that donations don't pile up.

Share the results

Use your inventory tracking sheet to share your results on social media and let everyone know the amazing job you have done for GUGP.

ACCEPTED DONATIONS

DIAPERS

Pullups

&

WIPES

Child Diapers

Newborns 2T - 3T Sizes 1 - 6 3T - 4T 4T - 5T

*Opened or unopened diapers are accepted

Adult Diapers

Small Medium Large X-Large XX-Large All types of wipes are excepted but must be unopened

MENSTRUAL
HYGIENE PRODUCTS

Tampons and Pads

Daytime, Night Time, Heavy, Light, Moderate, with Wings or Without Wings, it doesn't matter, we'll take them all.

*Individual feminine products are accepted as long as packaging is not opened.

Please consult with GUGP for immediate needs of diaper sizes prior to the drive.

DIAPER COLLECTION FORM

SIZE	NUMBER OF DIAPERS
Newborns	
Size 1	
Size 2	
Size 3	
Size 4	
Size 5	
Size 6	
2T-3T	
3T-4T	
4T-5T	
Adult S	
Adult M	
Adult L	
Adult XL	
Adult XXL	

TOTAL DONATIONS	
Number of diapers:	
Number of wipes:	
Financial contributions:	

Group/Organization Name:	
Contact Name:	
Phone Number:	
Fmail·	

MENSTRUAL HYGIENE PRODUCTS

SIZE	NUMBER OF PRODUCTS
Pads	
Tampons	

Total Donations
Number of pads:
Number of tampons:
Financial contributions:

Group/Organization Name: ______

Contact Name: _____

Phone Number: _____

Email: _____

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