

Organization:

## 5:00 pm Friday, November 28 thru 5:00 pm Saturday, November 29

## **Registration and Pledge Form**

We would love to have representatives from your organization spend one hour in the cold with us.

Address:			
City:	State	:	Zip code:
Contact Person:	Co	ontact Phone:	( )
Name of Person(s) "sleeping out: Phone Number: ( )			
representative.	1 16636	indicate ii you t	aren i sending a
To schedule a time or fill in below your top	2 preferences	for times to "w	eather the cold."
1			
We will do our best to ا basis and will no			
The Sleepout g	<b>0al is t</b>	0 raise ular vou	\$30,000 ichers.
Amount of Pledge	☐ Diamond	' '	000
	<ul><li>□ Platinum</li><li>□ Gold</li></ul>		
	☐ Silver		
	<ul><li>□ Bronze</li><li>□ Other</li></ul>	<ul><li>\$125</li><li>\$</li></ul>	
Send this completed form and ch			

Send this completed form and check to: The Bridge, P.O. Box 202, Sayre, PA 18840 Please note that all checks should be made payable to "The Bridge".