



NIGHT WITHOUT A BED

Participant Name: _____ Phone #: _____

Group Name: _____

All proceeds from Night Without a Bed will benefit the programs of Family Promise of Shenandoah County, the nonprofit that keeps families together while transforming their lives from homelessness to sustainable independence.

Please sponsor me for *any* amount.

Please make checks payable to FPSC.

Donations made by check will be mailed a receipt for your tax-deductible contribution.

#	Sponsor's Name	Email Address	Mailing Address	Amount
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