



Yes! I/We wish to accept the Friend of Family Promise challenge!

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-mail: _____

I/We are pledging to the following:

Friend of Family Promise Challenge Level

Gold Star Challenge \$1,000 **Silver Star Challenge** \$750 **Bronze Star Challenge** \$500

**If you Raise the Roof beyond your challenge pledge level, you will automatically become the next challenge level.*

Check enclosed payable to: Family Promise of Summit County

Invoice Us

Charge our credit card

Visa MasterCard

Number: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Create a Team:

Team Name: _____

Please send this form to:

Nikole Dack, Family Promise of Summit County, 111 E. Voris Street Akron OH 44311