



Will You

ACCEPT the

Friend of Family Promise

CHALLENGE

Because no child should be homeless!

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.

Going It Alone:

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:

Laura Shank, Family Promise of Summit County, 111 E. Voris Street, Ste. A, Akron OH 44311

For more information, please contact Laura Shank at lshank@giftednonprofitsolutions.com or 330.382.5660.