



Will You

ACCEPT the

Friend of Family Promise

CHALLENGE

Because no child should be homeless!

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

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-mail: _____

I am pledging to the following:

Friend of Family Promise Challenge Level

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

Payment Method:

- Check enclosed payable to: Family Promise of Summit County
- Invoice Us
- Charge our credit card
 - Visa MasterCard

Number: _____ Exp. Date: _____ CCV: _____

Name on Card: _____ Signature: _____



Donate via our website at

<https://www.familypromisesc.org/friend-of-family-promise-challenge>

Please send this completed form to:

Pauline Egan, Family Promise of Summit County, PO Box 10076, Akron, OH 44310
For more information, please contact Pauline Egan at pauline@familypromisesc.org or 330.253.8081.

Family Promise of Summit County is a 501(c)3 tax-deductible organization: 75-3101718.