



Supporting individuals living in homelessness through collaboration with the community and its support systems

Family Sleeping Rough Registration Form

*Name	
*Billing address	
*City	
Province	
*Postal Code	
Telephone (home)	
Telephone (business)	
Fax	
*E-Mail	

I (we) pledge a total of \$_____ in support of _____ for the **Hope in the Dark** overnight awareness event to be paid: ___ now _____ on or before June 16, 2012.

I (we) plan to make this contribution in the form of:
 ___ cash ___ cheque.

Signature(s)
Date