



Sleep Out America: Check Donation Form

PARTICIPANT INFORMATION

Participant Name:
Group Name:

Please indicate your donation amount below:

\$300 \$100 \$50 \$35 \$25 Other Amount:

Please make your check payable to: Covenant House

Remember to put the participant's name in the memo section of your check.

DONOR INFORMATION

Name:		
Address:		
City:	State/Province:	Zip/Postal Code:
Email:	Phone Number:	
How would you like your name to be displayed?		
<input type="checkbox"/> Check here if you wish to remain anonymous		

Please mail this complete form, along with your check to the Covenant House office at the address below and notify the participant that you are making a contribution on their behalf

Thank You for Your Donation!

**Covenant House
ATTN: Sleep Out America
461 Eighth Avenue
New York, NY 10001**