



Sleep Out: Check Donation Form

Participant Information:

Participant Name: Kelly Mikel Williams Participant ID: 28125
Team Name: STILL I RISE! Team ID: 8986
Event Name: Event ID:

Please indicate your donation amount below:

\$1,000 \$500 \$250 \$100 \$50 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 (Please fill in your information below):

Name:		
Address:		
City:	State/Province:	Zip/Postal Code:
Email Address:	Phone Number:	

How would you like your name to be displayed?

Check here if you wish to remain anonymous

Please mail in this complete form, along with your check or cash, to your local Covenant House Office at the address below and notify the participant that you are making a donation on their behalf.

Please make your check payable to: Covenant House

Thank You for Your Donation!

Covenant House
461 Eighth Avenue
New York, NY 10001