



SPECTRUM

YOUTH & FAMILY SERVICES

Sleep Out Donation Form

Thank you for supporting our youth and their families! Use this form if you would like to make a donation by check to Spectrum. You can also donate by credit card online at <http://give.spectrumvt.org/sleepout>.

Personal Information:

Name: _____

Spouse/Partner Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Donation Information:

I would like to donate \$ _____ Spectrum's Sleep Out event.

Please credit _____ for my gift (*enter participant or team name*).

Please apply my donation to the whole event.

We will add your donation to the participant's fundraising page. How would you like your name displayed? Please show my name as: _____ or,

Make my donation anonymous

Payment Information:

Check enclosed (*please make payable to Spectrum Youth & Family Services*).

Please consider this a pledge, to be paid on or by _____ (*date*).

I have requested that _____ (*bank or fund*) mail a check (payable to Spectrum Youth & Family Services) to the address below.

Your contribution will be tax-deductible as Spectrum is a 501(c)3 organization (EIN: 03-0253232).

Please return this form to:

Bridget LaRoche, Spectrum Youth & Family Services, 31 Elmwood Ave., Burlington, VT 05401