

For HAC use only:	
Total Pledged	_____
Amt. In	_____
Amt. Outstanding	_____
Staff Initials	_____

Pledge Sheet for Homeless Action Committee's Sleep-A-Thon

Name of Participant: _____ Phone: _____

Address: _____

Time Committed to stay in the Park: _____ PM to _____ AM/PM **Number of Hours:** _____

Each sponsor agrees to pay the above participant the amount below. Please make checks payable to: Homeless Action Committee, 393 N. Pearl Street, Albany, NY 12207.

Sponsors may pledge a certain amount per hour or if participant is staying more than 1 hour, they may pledge a set amount. Sponsors should pre-pay. If amount is not pre-paid, it is the participant's responsibility to collect the funds.

PLEASE BRING PLEDGE SHEET, ALONG WITH PLEDGES, TO THE SLEEP-A-THON & bring over to the Social Justice Center, where registration will occur the night of the event.

Sponsor's Name	Address/Phone	Pledge/Hr	Total	Amt. Paid in Advance	Amount Outstanding
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____