



ONE HOMELESS NIGHT REGISTRATION FORM

NAME OF GROUP/CHURCH

TODAY'S DATE

NAME OF GROUP'S MAIN CONTACT

INDIVIDUAL'S NAME

ADDRESS

EMAIL

PHONE NUMBER

WHAT IS YOUR MAIN GOAL/PURPOSE OF ATTENDING O.I.M.'S ONE HOMELESS NIGHT?

IS THIS THE GROUP'S OR YOUR FIRST ONE HOMELESS NIGHT EXPERIENCE?



ONE HOMELESS NIGHT SPONSORSHIP FORM

Thank you for being a part of O.I.M.'s One Homeless Night, an annual event that is designed to raise awareness and funds for our organization's work with the homeless. Your sponsorship will go directly to O.I.M.'s programs and services. All donations over \$20 can be receipted if requested.

Please Print Clearly

	Full Name & Address	Phone Number	Pledge amount	Receipt requested?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

TOTAL PLEDGE AMOUNT \$ _____