



HOMELESS MEMORIAL DAY 2014

c/o Project HOME — 1515 Fairmount Ave., Phila., PA 19130 Ph: (215) 232-7272 Fax: (215) 232-7277

SPONSORSHIP FORM

NAME OF ORGANIZATION: _____

Please indicate your level of support: (check all that apply)

____ Our organization agrees to officially sponsor Homeless Memorial Day. Our name can be used on letterhead, correspondence to candidates, publicity for events, and outreach to media.

____ Our organization will publicize Homeless Memorial Day to our constituents (members, clients, staff, Board, volunteers, etc.) and encourage our constituents to attend Homeless Memorial Day.

____ Our organization will get involved with a committee to help plan and implement Homeless Memorial Day

____ Our organization will make a financial commitment of \$_____ to Homeless Memorial Day to help with the cost of printing, buttons, food, materials, etc. *(Contributions of any amount are appreciated and checks can be made payable to "Project HOME/Homeless Memorial Day.")*

Contact person: _____

Title: _____ Organization: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Please return this sponsorship form to:

**Kaitlyn Snyder
Project HOME
1515 Fairmount Avenue
Philadelphia, PA 19130**

OR: Email to kaitlynsnyder@projecthome.org or Fax to (215) 232-4820.

If you have any questions or need more information, call Kaitlyn Snyder at (215) 232-7272, ext 3031.