

We need volunteers for the Sleep-Out who will seek sponsors to contribute to Bridge of Hope.

The purpose is to raise funds for Bridge of Hope to finance the cost of helping a single mother get established in an apartment or home and to prepare a way for her to be able to earn enough to live on her own in about a year through counseling, training, mentoring and other assistance, including linking her to a church group that will agree to help her all along her efforts toward becoming self-sustainable for herself and her children

When?

October 5, 2024 (7:30 pm to 7 am) Medford United Methodist Church

2 Hartford Road, Medford, NJ 08055

You can come and sleep in your car at the church or in your driveway, you can pitch a tent on your front lawn and then when your neighbors come and ask what you are doing, you can witness to them. You can have a sleep over with your kids or grandchildren in your living room. The idea is to get sponsorships to donate to our Bridge of Hope program. Your help is really needed at this critical time, as food prices and inflation are on the rise, with our families that are allowing God to mold their lives back to what He has intended for them to prosper. If you would like to host the event for your members and neighbors, please email us at christiancatingcenter@yahoo.com. This is a great event for teenagers, confirmation students, community service projects and the entire family.

How do I volunteer?

Sleep-out volunteers please use the form on the back of this flyer to sign up sponsors. Then please fax or mail a copy of the sign-ups to the CCC: FAX No. (609) 893-1880 (email) <u>christiancaringcenter@yahoo.com</u>

By October 1st 2024

CCC SLEEP-OUT SPONSORS SIGN-UP SHEET

To pledge to sponsor one of our Christian Caring Centers "sleep-out" volunteers, please enter your information in one of the blocks below, including the amount of your pledge. You may give your pledge in cash or check to a "sleep-out" volunteer or mail i

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Your Name:	Your Name:
Your Address:	Your Address:
City: State:	City: State:
Zip: Phone: ()	Zip: Phone: ()
Your Email:	Your Email:
Amount of your pledge: \$	Amount of your pledge: \$
Your Name:	Your Name:
Your Address:	Your Address:
City: State:	City: State:
Zip: Phone: ()	Zip: Phone: ()
Your Email:	Your Email:
Amount of your pledge: \$	Amount of your pledge: \$
Your Name:	Your Name:
Your Address:	Your Address:
City: State:	City: State:
Zip: Phone: ()	Zip: Phone: ()
Your Email:	Your Email:
Amount of your pledge: \$	Amount of your pledge: \$
Your Name:	Your Name:
Your Address:	Your Address:
City: State:	City: State:
Zip: Phone: ()	Zip: Phone: ()
Your Email:	Your Email:
Amount of your pledge: \$	Amount of your pledge: \$
Your Name:	Your Name:
Your Address:	Your Address:
City: State:	City: State:
Zip: Phone: ()	Zip: Phone: ()
Your Email:	Your Email:
Amount of your pledge: \$	Amount of your pledge: \$