

# The Coldest Night

*it takes a  
city of warmth*

- ❄️ HOT DINNER
- ❄️ CARE PACKS
- ❄️ ENTERTAINMENT
- ❄️ COMMUNITY RESOURCE  
INFORMATION

DEC. 09 | 5:30-8:30PM

📍 KNOX UNITED CHURCH  
GYMNASIUM

AN



PARTNERSHIP



# The Coldest Night Sponsorship Pledge Form

Company/Individual Name:

\_\_\_\_\_

*(Name as it should appear in print)*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Street Address:

\_\_\_\_\_

Primary Contact & Title:

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

*In support of The Coldest Night, I/we pledge the following:*

\$ \_\_\_\_\_

**Payment Information**

Please check one of the following:

- My company's check is attached in the amount of \$ \_\_\_\_\_
- Please invoice on or around \_\_\_\_\_
- You may expect payment on \_\_\_\_\_

***Payment must be received by 12/09/2022***

**\*\*Please include a company logo to share on promotional material\*\***

*I, the undersigned, am an authorized representative of the above-named company and give Our Collective Journey permission to use the company name in print and promotional materials as appropriate, based on the amount of the donation and agreement of benefits.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

***Please email or mail this form to:***

**Our Collective Journey, Suite 2-660 2<sup>nd</sup> St SE, Medicine Hat, AB, T1A 0C9**

**Email:**

[lauren@ourcollectivejourney.ca](mailto:lauren@ourcollectivejourney.ca) or [rick@ourcollectivejourney.ca](mailto:rick@ourcollectivejourney.ca)