

fast4them

April 21st @ 8pm – April 23rd @ 12 pm ■

For the past 5 years, we've partnered with Compassion International to support two amazing projects. Our first two years, we got to be the ones to bring to completion the funding for a WaSH program (Water, Sanitation & Hygiene) in Haiti that supported five churches with facilities that brought health to their communities, enabling them to provide care for both their bodies and their souls.

For three years now, we have partnered with Compassion's Child Survival program in the Philippines (started by someone from Cranbrook Alliance Church!). Through Compassion, a local church is supported to provide care for up to 30 moms and babies starting with prenatal care, through child-birth, and on into childhood. It takes \$15,000-\$20,000 to make this project happen yearly, but it changes the lives of an entire community, starting with one child and their mom :) Also, this year we have an online fundraising option that can be sent to family and friends afar, so they can join in sponsoring our youth, and this project.

Now, what do we do???

We call it Fast4Them. ***We don't eat for 40 whole hours!***

Starting at **8pm** on **Friday, April 21**, we go without food until **Sunday, April 23rd at 12 noon**, after which we'll satiate everyone's appetites with a pancake 'brunch' meal. Your goal is to ask family, friends, co-workers, strangers to financially support you to do this, then you've got to keep your word!

Saturday night, starting at **7pm** we're having a **sleep-over 'lock-in' event at the church** for REVIVE and PURSUIT to have fun and support each other through the challenge. The next morning, we're waking up for some more fun, and to share in the church service what we're all doing there, and some of us will lead the music, help with the media, sound, and streaming tech.

The whole time, we'll have juice and water breaks to stay hydrated, and check in with each other to make sure we're doing okay. Once students arrive, they'll only be able to leave with parent permission (so parent's know where you are ☺). Those who want to sleep, we'll have separate parts of the church for guys and girls spaces.

Stuff To Bring: sleeping bag, toiletries, and general stuff to sleep over, a water bottle, clothes and shoes to do 'wide games' in, video games (check them over with pastor Jordan), board games, and other things to share, a bible, **all permission forms signed (Sleep-over form & General Youth Information & Authorization Form)**

Thanks for joining us in this effort to look beyond ourselves, see the world God loves, and engage with it in very real ways with the love and good news of Jesus Christ. See you for FAST4THEM!

Pastor Jordan.

fast4them

April 21st @ 8pm – April 23rd @ 12 pm ■

PERMISSION FORM (return with all forms)

I, _____ (parent/guardian name) give permission for

_____ (student name) to attend the fast4them event

at Cranbrook Alliance Church on Saturday April 22 @ 8pm until Sunday April 23 at 1:30pm.

Signature: _____

Date: _____

FAST4them

PLEDGE FORM

Make all cheques payable to Compassion Canada. Tax receipts will be issued for all donations over \$10.00, **ONLY WITH A COMPLETE AND LEGIBLE ADDRESS INCLUDING POSTAL CODE.**

	AMOUNT PLEDGED	DATE PLEDGED RECEIVED	MORE COMPASSION INFO?
01 Name: _____ Phone: (____) _____ Address: _____ City: _____ Prov: _____ Postal Code: _____	\$ _____	____ Day ____ Month ____ Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
02 Name: _____ Phone: (____) _____ Address: _____ City: _____ Prov: _____ Postal Code: _____	\$ _____	____ Day ____ Month ____ Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
03 Name: _____ Phone: (____) _____ Address: _____ City: _____ Prov: _____ Postal Code: _____	\$ _____	____ Day ____ Month ____ Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
04 Name: _____ Phone: (____) _____ Address: _____ City: _____ Prov: _____ Postal Code: _____	\$ _____	____ Day ____ Month ____ Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
05 Name: _____ Phone: (____) _____ Address: _____ City: _____ Prov: _____ Postal Code: _____	\$ _____	____ Day ____ Month ____ Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
06 Name: _____ Phone: (____) _____ Address: _____ City: _____ Prov: _____ Postal Code: _____	\$ _____	____ Day ____ Month ____ Year	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARTICIPANT INFORMATION SHEET TOTAL SUBMITTED \$ _____

Name: _____ Phone: (____) _____
 Address: _____ City: _____ Prov: _____ Postal Code: _____

INSTRUCTIONS: Complete all information on the form and record your "Sheet Total Submitted". Attach all funds and submit all pledge forms together to **P.O. Box 5591 London ON, N6A 5G8. Registered Charity No. 11887 1516 RR0001**



FAST 4 them

PLEDGE FORM

Make all cheques payable to Compassion Canada. Tax receipts will be issued for all donations over \$10.00, **ONLY WITH A COMPLETE AND LEGIBLE ADDRESS INCLUDING POSTAL CODE.**

01 Name: _____ Address: _____ City: _____ Prov: _____ Postal Code: _____	Phone: () _____ \$ _____	DATE PLEDGED RECEIVED Day <input type="text"/> <input type="text"/> / Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	MORE COMPASSION INFO? <input type="checkbox"/> Yes <input type="checkbox"/> No
02 Name: _____ Address: _____ City: _____ Prov: _____ Postal Code: _____	Phone: () _____ \$ _____	Day <input type="text"/> <input type="text"/> / Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
03 Name: _____ Address: _____ City: _____ Prov: _____ Postal Code: _____	Phone: () _____ \$ _____	Day <input type="text"/> <input type="text"/> / Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
04 Name: _____ Address: _____ City: _____ Prov: _____ Postal Code: _____	Phone: () _____ \$ _____	Day <input type="text"/> <input type="text"/> / Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
05 Name: _____ Address: _____ City: _____ Prov: _____ Postal Code: _____	Phone: () _____ \$ _____	Day <input type="text"/> <input type="text"/> / Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
06 Name: _____ Address: _____ City: _____ Prov: _____ Postal Code: _____	Phone: () _____ \$ _____	Day <input type="text"/> <input type="text"/> / Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARTICIPANT INFORMATION

Name: _____ Phone: () _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

SHEET TOTAL SUBMITTED \$ _____

INSTRUCTIONS: Complete all information on the form and record your "Sheet Total Submitted". Attach all funds and submit all pledge forms together to **P.O. Box 5591 London ON, N6A 5G8. Registered Charity No. 11887 1516 RR0001**

