

Journey Home Partner Pledge Form

Yes, I would be honored to become a "Partner." Please mail me my personalized reminder slips

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I'd like to make a monthly pledge of \$ _____

Signed: _____

Date: _____

Complete & mail form to:

Journey Home, Inc.
Attention: Partner Pledge Program
994 Long Pond Road
Rochester, NY 14626