



Homecoming Project, Inc.

### Pledge Form

**The Homecoming Project Mission: To provide the facilities and staff necessary to develop, establish and maintain a safe, supportive environment for women, in a comprehensive family-centered program of recovery from alcoholism and/or drug addiction.**

Donor Information (please print or type)

Name	
Address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  
\_\_\_\_ now \_\_\_\_ monthly \_\_\_\_ quarterly \_\_\_\_ yearly.

I (we) plan to make this contribution in the form of:  
\_\_\_\_ cash \_\_\_\_ check \_\_\_\_ other\_\_\_\_ gift card

Gift will be matched by \_\_\_\_\_  
(company/family/foundation).  
\_\_\_\_ form enclosed \_\_\_\_ form will be forwarded

### **Acknowledgement Information**

Please use the following name(s) in all acknowledgements:

\_\_\_\_\_

\_\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Homecoming Project Inc.  
P.O. Box 1190  
Bel Air, MD 21014