



## Donation Form

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Church Affiliation (optional) \_\_\_\_\_

I would like to contribute:    \$500    \$250    \$100    \$50    \$25    Other \_\_\_\_\_

Please make your check payable to **Journey's End Refugee Services, Inc.** and mail it with this form to:

Journey's End Refugee Services, Inc.  
P.O. Box 885  
Buffalo, NY 14213

*Thank you for your generosity. All contributions are tax deductible. Journey's End Refugee Services, Inc. is recognized as tax exempt under section 501(c)(3) of the Internal Revenue Code.*

Journey's End Refugee Services, Inc.  
P.O. Box 885 - Buffalo, NY 14213  
Phone: (716) 882-4963  
[www.jerswny.org](http://www.jerswny.org)