

ORGANIZATION CONGREGATION "PARTNER FOR PEACE" RESPONSE FORM

Date(s) contacted:

Spoke to:

Contacted by (ICUJP rep.):

.....

ORGANIZATION NAME:

ADDRESS:

PHONE:

E-MAIL:

ONGOING CONTACT NAME:

.....

THIS ORGANIZATION/CONGREGATION WILL COMMIT TO:

ATTEND

* How many people? (Apx.) _____

SEND a representative to serve on our planning and organizing committee.

* Name of this contact, if different: _____

PLEDGE financial support

* Give: \$ _____

* Raise: \$ _____

PUBLICIZE via bulletin inserts, local media, internal organizing.

- Who else should we speak to in your community?

_____ , _____

COORDINATE carpools, buses, etc.

* Name of this contact, if different: _____

PARTICIPATE in creating the vision and implementing it!