



Shepherd Center Donation Form

PAYMENT METHOD

Check

Enclosed is my check in the amount of

\$ _____

(Please make checks payable to Shepherd Center Foundation)

Please apply my gift to Shepherd Center's Annual Fund or to support this program:

Credit Card

Please charge my credit card account:

\$ _____

Visa MasterCard AMEX Discover

Card #: _____

Exp. Date _____ Sec. Code: _____

YOUR INFORMATION

Name (title Mr., Mrs., etc.) _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Home Phone: _____ Cell: _____

MEMORIAL GIFTS

I would like my gift made in the memory of: _____

HONORARY GIFTS

I would like my gift made in the honor of: _____

OCCASION

Birthday Marriage Recovery from Illness Confirmation Baptism

Engagement Anniversary New Baby/Graduation Bar/Bat Mitzvah

Other _____

To have a notification card sent, please complete the following:

Name (title Mr., Mrs., etc.) _____

Address: _____

City: _____ State: _____ Zip: _____

From: _____

(Your name as you would like it to appear on the card.)

Please fill out this form and mail to:

Shepherd Center Foundation
2020 Peachtree Road, NW, Atlanta, GA 30309
404-350-7359