



**SHEPHERD CENTER
FOUNDATION**

2020 Peachtree Rd., NW
Atlanta, GA 30309-1465
Tel (404) 352-2020
www.shepherd.org

Shepherd Center Donation Form

Please fill out this form and mail to:

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

PAYMENT METHOD:

Check

Enclosed is my check in the amount of \$ _____
(Please make checks payable to
Shepherd Center Foundation)

Credit Card

Please charge my credit card account using the information below.

Amount enclosed \$ _____ Date _____

Credit Card gift: Check card type: Visa MC AmEx

Card # _____

Exp date (mm/yy) _____

YOUR INFORMATION:

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

Address _____

City _____ State _____ Zip _____

E-mail Address _____ Phone _____

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)