

The Shepherd's House Emergency Shelter Donation Form

Name _____

Address _____

Phone _____

Enclosed is my tax-deductible gift of:

Your **recurring** monthly donation would provide:

- _____ \$500/mo sponsor 1 man for all his needs for the month
- _____ \$140/mo sponsor 1 man, women, or child daily needs for the month
- _____ \$100/mo sponsor 6 men during the month of all their needs
- _____ \$ 50/mo sponsor 3 men during the month of all their needs
- _____ \$ 20/mo sponsor 1 man's needs and another person's daily needs

Or a **one-time** donation of _____ to support the Shelter's operations.

Please make checks payable to The Shepherd's House, or:

Please charge this gift to my credit card:

_____ Visa

_____ MasterCard

Credit Card #

Expiration Date

Signature

Mail Form to:

The Shepherd's House
PO Box 5484
Bend, OR 97708

Contact Fundraiser Manager at (541) 388-2096, ext 2 with any questions.