



SHEPHERD'S CARE FOUNDATION
 Affordable, Christian, Age-in-Place Care
 6620 28 Avenue, Edmonton, AB T6K 2R1

<p align="center">I want to leave a lasting legacy. Enclosed is my gift for:</p> <p><input type="checkbox"/> Where most needed \$ _____</p> <p><input type="checkbox"/> Building fund for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shepherd's Care Barrhead \$ _____ <input type="checkbox"/> Shepherd's Care Greenfield..... \$ _____ <input type="checkbox"/> Shepherd's Care Kensington Campus \$ _____ <input type="checkbox"/> Shepherd's Care Millwoods Campus..... \$ _____ <input type="checkbox"/> Shepherd's Care Southside Manor \$ _____ <input type="checkbox"/> Shepherd's Care Vanguard..... \$ _____ <p><input type="checkbox"/> Pastoral Care \$ _____</p> <p><input type="checkbox"/> Recreation Programs \$ _____</p> <p><input type="checkbox"/> Therapeutic Equipment..... \$ _____</p> <p><input type="checkbox"/> General Renovations..... \$ _____</p> <p><input type="checkbox"/> Other- please specify \$ _____</p> <p>Total amount enclosed \$ _____</p> <p>Donation in memory of _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="2">PAYMENT TYPE</th> </tr> <tr> <td colspan="2"><input type="checkbox"/> My cheque is enclosed (<i>made payable to SCF</i>)</td> </tr> <tr> <td align="center"><input type="checkbox"/> Visa</td> <td align="center"><input type="checkbox"/> Mastercard</td> </tr> <tr> <td colspan="2">Card Number</td> </tr> <tr> <td colspan="2">Cardholder's Name</td> </tr> <tr> <td colspan="2">Expiry Date: _____ / _____</td> </tr> <tr> <td colspan="2">Authorized Signature</td> </tr> <tr> <th align="center" colspan="2"><i>Mailing address for receipt purposes only*</i></th> </tr> <tr> <td colspan="2">Name:</td> </tr> <tr> <td colspan="2">Street:</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2">City:</td> </tr> <tr> <td>Province:</td> <td>Postal Code:</td> </tr> </table>	PAYMENT TYPE		<input type="checkbox"/> My cheque is enclosed (<i>made payable to SCF</i>)		<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	Card Number		Cardholder's Name		Expiry Date: _____ / _____		Authorized Signature		<i>Mailing address for receipt purposes only*</i>		Name:		Street:				City:		Province:	Postal Code:
PAYMENT TYPE																											
<input type="checkbox"/> My cheque is enclosed (<i>made payable to SCF</i>)																											
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard																										
Card Number																											
Cardholder's Name																											
Expiry Date: _____ / _____																											
Authorized Signature																											
<i>Mailing address for receipt purposes only*</i>																											
Name:																											
Street:																											
City:																											
Province:	Postal Code:																										

*Shepherd's Care Foundation (SCF) retains your personal information as confidential.