



Shepherd Wellness Community

Wellness for people affected by HIV/AIDS

Enclosed is my tax-deductible contribution in the amount of: \$ _____

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____

In Memory of: _____

In Honor of: _____

In Celebration of a special event: _____

Announcement of this gift should be sent to:

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

To sponsor a dinner, an event, a program or a wish list item:

\$1,000 – One issue of Words of Wellness
Newsletter (mailed to more than 2,400 homes)
including a full-page ad and sponsorship
acknowledgments

\$400 – Six alternative or holistic therapy or
fitness or wellness classes

\$250 – Food for SWC Annual Picnic

\$175 – Sponsor a 2nd or 4th Friday dinner

\$100 – Quality of Life Outing (bowling, movie,
trips to cultural and sporting events)

\$10 – One Wellness Meal at our Center

\$_____ - Other

\$_____ - Wish list item (please list)

Please do not print my name.

Make checks or money orders payable to:

Shepherd Wellness Community
4800 Sciota Street
Pittsburgh, PA 15224-2127

Thank you for caring!