INTENT TO GIVE

Thank you for taking time to complete this form!

Please mail this form with your check to:

Shepherds International 6051 Tryon Road

Cary, NC 27518 Please make checks payable to: "Shepherds International" with the worker's name in the memo line.				
NAME OF WORK	ER:			
YOUR CONTACT	INFORMATION:			
Name:				
Address:				
City:	St	tate: Zip:	Country:	
Phone:				
Email:				
REGULARITY OF	GIVING:			
Monthly	Annually	Quarterly	Singl	e Donation
METHOD OF GIV	ING:			
Check Enclosed: \$		_	_ Monthly Annu	ıally
Give Later – Sta	art Date:/	/	_ Quarterly	_ Single Donation