



Shepherd Wellness Community

*Helping people living with
HIV/AIDS improve their wellness*

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:

☐ \$_____ – Use where most needed.

☐ \$375 – Sponsor a Friday Wellness dinner.

☐ \$250 – Art Therapy Ceramics Class.

☐ \$150 – Quality of life Outing (Movie or museum trips - other cultural or sporting events).

☐ \$125 – Sponsor a wellness class (fitness, meditation, yoga, gardening, arts & crafts).

☐ Wish list item (please visit our website swconline.org for a link to our Amazon.com wish 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 making a difference in the lives of our members living with HIV/AIDS.