



THE LEWIS FAMILY MEMORIAL CHAPEL OF THE GOOD SHEPHERD
Expansion and Renovation Project

Yes, I/We will support the Lewis Memorial Chapel of the Good Shepherd.

Title(s) _____

Name(s) _____

Address _____

City _____

State _____ Zip _____

Pref. Phone _____

Pref. Email _____

Affiliation _____ Graduation Year _____

Signature _____ Date _____

Gift Details

Payment information found on the reverse.

One time gift of \$ _____

Recurring gifts of \$ _____

Annually Quarterly Monthly

Other Terms: _____

Beginning: _____ *Ending:* _____

Pledge of \$ _____

Desired Terms: _____

Please send me reminder notices as follows:

Annually Quarterly Other: _____

Additional Details:

My/Our gift will be matched by: _____

Matching gift form enclosed.

Matching gift form will be forwarded.

