

Yes, I want to make a difference!

Please accept my gift of \$ _____

I would like my gift used for:

- Employee Hardship Fund Care and Services Fund

My gift is enclosed. *Please make your check payable to Sheppard & Enoch Pratt Foundation, Inc.*

Please make my gift:

In honor of _____ In memory of _____

Please send notification of this gift to:

Name: _____

Address: _____

Recognition

I would like to be recognized in the following way:

Please list my name as: _____ Please check this box if you would like to remain anonymous.

Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Please return the completed form to:

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