

# 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:

Rachel Ermer  
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Sheppard Pratt Dulaney Center  
849 Fairmount Ave. Suite 500  
Towson, MD 21286  
Email: [rachel.ermer@sheppardpratt.org](mailto:rachel.ermer@sheppardpratt.org)