



# ECW Giving Form

Please complete this form to make a gift to Episcopal Church Women of Good Shepherd

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

I would like to support ECW with a gift of:

\_\_\_\_ \$25 \_\_\_\_ \$50 \_\_\_\_ \$75 \_\_\_\_ \$100 Other Amount \$ \_\_\_\_\_

Optional- I would like my gift to be in honor or in memory of a special person:

My gift is \$ \_\_\_\_\_ in honor/memory (circle one) of \_\_\_\_\_ (name)

Please notify: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I am interested in learning more about the following:

\_\_\_\_ Board Position \_\_\_\_\_ Outreach Programs

\_\_\_\_ Christmas Tea \_\_\_\_\_ Garage Sale

\_\_\_\_ Card Party and Raffle \_\_\_\_\_ Offering my time or talents!

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**Thank you for your generous support of ECW!**

**Please mail your completed form along with your gift to:**

**Episcopal Church of the Good Shepherd**

**Attention ECW**

**P.O. Box 5176**

**Austin, TX 78763**