

A community of support ensuring a safe place of healing for adult survivors of childhood sexual abuse with specialized, affordable therapy since 1987.



Yes! I want to ensure a safe place of healing for adult survivors of childhood sexual abuse with my contribution today!

Name(s): _____

Address: _____ Phone: (____) _____

I want to plant seeds of healing for survivors each month with my recurring **monthly gift** of:

\$ 15 per month

\$ 25 per month

\$ 50 per month

\$ 125 per month

\$ _____ per month

I want to support healing with my gift **today** of:

\$35 \$65 \$95 \$125 \$ _____

My check, payable to Shepherd's Counseling Services, is enclosed.

I would like to donate by credit card:

Visa MasterCard Discover

Card #	Exp. Date
Billing Address	CVV#
Signature	Date

Please use my credit card information on this form to process my gift each month.



My employer will match my gift, expanding opportunities for healing.

To make your gift online, go to ShepherdsTherapy.org "Donate".

This gift is given in honor/ memory of _____

Please designate my gift to the Hope In Healing Scholarship Fund.

I wish to remain anonymous in your recognition materials.

Your privacy is important. Shepherd's Counseling Services does not sell, share, or trade any contact information.

I would like to receive stories of healing, news, and event information by email at:

(your email address)



Yes! I want to learn how I can leave my own legacy of support for healing from childhood sexual abuse for adult survivors.

Please send me information about how I can name Shepherd's Counseling Services in my will, living trust, retirement plan, or life insurance policy.