



THE SOCIETY OF
THE GOOD SHEPHERD

The Society of the Good Shepherd

To the glory of God and our church, I/we have provided for a planned gift to the Church of the Good Shepherd in Lexington, Kentucky.

Name _____

Address _____

City, State, Zip _____

_____ I give permission to list my/our names on the Society of the Good Shepherd plaque or similar memorial.

Please print your name above as you wish it to appear.

_____ I would rather have this gift remain anonymous.

Signature(s) _____ Date _____

Signature(s) _____ Date _____

Please return this form to:
Parish Administrator
Church of the Good Shepherd
533 East Main Street
Lexington, Kentucky 40508

OPTIONAL INFORMATION

I have provided for this gift:

_____ in my will

_____ in my trust

_____ in a life insurance policy

_____ in a retirement account

_____ other (provide additional information below if you wish)

Church of the Good Shepherd
533 East Main Street
Lexington, Kentucky 40508

Thank you for your gift and for taking the time to complete this enrollment form.