## Good Shepherd Fund

A SECURED ALLIANCE AFFILIATE

## TO SUBMIT THIS FORM

**FAX**: 215-358-2291

EMAIL: email@GoodShepherdFund.org

MAIL: 10439 S 51st St. STE 225, Phoenix, AZ 85044

PHONE: 833-403-1198

## REQUEST TO ORDER ITEMS

DATE:	ACCOUNT NUMBER:
BENEFICIARY (please print name): _	
PHONE:	EMAIL ADDRESS:
SIGNATURE (Beneficiary, POA, or Guardian):	
STORE NAME:	
STORE WEBSITE ADDRESS (URL)	
TOTAL AMOUNT REQUESTED (ta)	+ shipping cost will be added):
SHIP ITEMS TO (address):	
	pplicable):
NAME OF PERSON PICKING UP I	EMS (ID will be required at store):
If some items are not available, we will s	ill process the rest of your order. You can resubmit any missing items on a new request form.
	n item) OR <u>list the items</u> you are requesting to order including a detailed description plor, size, quantity, etc. (the more details provided, the better we can serve you.)
DETAILED ITEM DESCRIPTION	N COST OF ITEM

If you return any items you received, please let Good Shepherd Fund know so we can update your order status promptly.

Thank you for helping us keep your account information accurate!

PLEASE ALLOW 5-8 BUSINESS DAYS FOR PROCESSING. INCOMPLETE FORMS WILL BE RETURNED. FORMS ARE AVAILABLE ON OUR WEBSITE IN THE RESOURCE LIBRARY.