PLEASE COMPLETE AND MAIL THIS FORM TO: EAGLES' WINGS, ATTN: STEPHEN JENKS, PO BOX 450, CLARENCE, NY 14031

Jenks Team Partnership Form			
YES! Stephen & Veronica, I/we believe in what you are doing. I/We will support you in prayer. Please add me/us to your Newsletter. Here is my special gift of \$ towards your support. You can count on me for a regular, monthly gift of \$25 \$50 \$100 Other **Your gift is tax deductible when you support the work of the Lord through us here at Eagles' Wings** Cash Check # (Make payable to "Eagles' Wings" with "Jenks Support" in the memo.)			
		☐ Credit Card (Circle One) VISA MC AMEX DISC	EAGLES' WINGS
		Credit Card Number:	
		Card Holder's Name:	Expiration Date:
		Signature:	Today's Date:
		Cardholder's Phone Number (Required for CC deductions):	
Automatic Monthly Giving Plan – <i>You car</i>	n choose to give a recurring gift by credit card!		
\Box Please charge my credit card \$ \Box 10 th of the month	each month on the following date: \square 25 th of the month		
	part of Eagles' Wings Impact Destiny Team and will receive the monthly seating at gatherings, e-mail updates and other benefits.		
Prayer Request Please join in prayer for the following request(s):			
Praise Report We are rejoicing for the victories that God has given, ple	ease join us as we thank Him for:		
Help us stay in touch with you! – If your contact in	nformation has recently changed please update below.		
Name	Phone		
Street	City		
State Zip [E-mail		
Is e-mail a good way to communicate with you? YES	S NO		