



DONATION FORM

Name _____

Phone _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

- I would like to support Shadow of His Wings Ministry with a one-time donation gift of \$ _____
- I would like to support Shadow of His Wings Ministry on a regular basis with a pledge of \$ _____ per month.
- My check is enclosed
- Please charge my credit card

Visa, MC, Discover, AmEx _____ Expiration Date _____

4 Digit ID # _____ (On Front of AmEx & Discover)

3 Digit ID # _____ (On Back of MC & Visa)

Signature _____

*Shadow of His Wings Ministry is a 501(c)(3) non-profit organization.
All donations are tax-deductible.*

SHADOW OF HIS WINGS MINISTRY
1800 NE LOOP 410, SUITE 415
SAN ANTONIO, TX 78217
210.887.9007

WWW.SHADOWOFHISWINGSMINISTRY.COM