



Declaration of Intention to Support

I/We wish to support:

1. Jonathan & Sarah Weber
in the amount of \$ _____ Monthly Quarterly Annually One time gift
2. _____
in the amount of \$ _____ Monthly Quarterly Annually One time gift
3. _____
in the amount of \$ _____ Monthly Quarterly Annually One time gift

Donor Name/Address/Phone

Phone: _____

e-mail: _____

Signature *Date*

Amount enclosed: \$ _____ *(Please make all checks payable to Evangelical Baptist Missions)*

Please return completed form to:

Evangelical Baptist Missions
PO Box 781438
Indianapolis, IN 46278

There is nothing binding in this statement. This statement provides information for EBM's Home office so that your contribution(s) will be credited properly and assists our missionaries in determining their anticipated annual support.