

My Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My Local Church/Location \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_ Yes, I have enclosed my first ten dollars to join the Gideon Support Team and will pledge \$120 per year OR \$ \_\_\_\_\_ per month to support our AFLC Youth Ministries Department.

\_\_\_\_ Yes, I will commit myself to specific and consistent prayer (at least 2 minutes a day) for the Director of Youth Ministries, the AFLC Youth Ministries Department, and the youth of my community. I will receive the monthly "Partners in Prayer" Email with prayer requests and updates.



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