

★ = Required field

Donor's Account Number	(If unknown, fill in complete name	Personal commitment		
*Donor Name	*Emai	il Address	☐ share my email with my missionary	
*Mailing Address	* City		*State	*Zip
We promise to invest each m	onth as the Lord enables us \$_	**	Total Monthly	for the
support of*	Missionary	_ in ministry to	Region ((not required)
Missionary's Account Number				
before the missionary is authorized	Yorld Missions requires enough compled to leave for the field. Please help yo options shown above. As your comment at any time. <i>Thank you!</i>	our missionary get to th	e field by complet	ing and sending this
Pastor or individual's signatu	re			
Form completed by		Phone number	·	
☐ Individuals — check if you	ı want an 8x10 display certifica	ite.	notional mail, p	blease.

Mail completed form to:

Springfield, MO 65802-1894

Complete and fax form to:

Church commitment

(417) 862-0085

Assemblies of God World Missions 1445 North Boonville Avenue