

AGWM

OUR WORLD MISSIONS MISSIONARY ASSOCIATE

* = Required field

Donor's Account Number _____
(If unknown, fill in complete name and address)

Mail completed form to:
Assemblies of God World Missions
1445 North Boonville Avenue
Springfield, MO 65802-1894

— or —

Complete and fax form to:
(417) 862-0085

- Church commitment**
 Personal commitment

*Donor Name _____ Email Address _____ share my email with missionary associate

*Mailing Address _____ *City _____ *State _____ *Zip _____

We promise to invest each month as the Lord enables us \$ _____ for the
*Total Monthly

support of _____ in ministry to _____
*Missionary Associate _____ Region *(not required)*

Missionary Associate's Account Number _____

PLEASE NOTE: Assemblies of God World Missions requires enough completed commitments to equal the amount of the missionary associate's budget before the missionary associate is authorized to leave for the field. Please help your missionary associate get to the field by completing and sending this commitment form using one of the options shown above. *Thank you!*

Pastor or individual's signature _____

*Form completed by _____ Phone number _____

- Individuals — check if you want an 8x10 display certificate. No promotional mail, please.