OUR WORLD MINISTRIES

*= Required field	• option 3	Complete, print and fax form to: (417) 862-0085 Church Commitment Personal Commitment	
Donor's Account Number			
Donor's Account Number (If unknown,	fill in complete name and address)	- reisoliai C	Johnnunent
	*Donor Name		
*Mailing Address *City		*State	*Zip
We promise to invest each month as the Lord	enables us \$	Total Monthly	for the
support of*Missionary	in ministry to	Region (n	not required)
Missionary's Account Number			
PLEASE NOTE: Assemblies of God World Mitthe missionary's budget before the missionary is field by completing and sending this commitment	authorized to leave for the field. Pl	ease help your n	nissionary get to the
Pastor or individual's signature			
Form completed by			
Phone number	Email address		
District	Date		
☐ Individuals — check if you want an 8x10 display c	ertificate. An electronic version of this j	form is available a	t worldmissions.ag.org

Print and mail completed form to:

Complete, save and email form to:

VMason@ag.org

Assemblies of God World Missions 1445 North Boonville Avenue Springfield, MO 65802-1894

option 1

option 2