OUR WORLD MINISTRIES

★ = Required field

• option 1	Print and mail completed form to:		
	Assemblies of God World Missions		
	1445 North Boonville Avenue		
	Springfield, MO 65802-1894		

• option 2 Complete, save and e-mail form to: NDickerson@ag.org

• option 3 Complete, print and fax form to: (417) 862-0085

Donor's Account Number			☐ Church Commitment ☐ Personal Commitment	
	*Church name and location or indiv	idual's name and addre	ss	
*Mailing Address	*City		*State	*Zip
We promise to invest e	each month as the Lord enables us \$)	Total Monthly	for the
support of	*Missionary	_ in ministry to _	Region (n	ot required)
	int Number			
equal the amount of	Assemblies of God World Mission of the missionary's budget before the sionary get to the field by completing bove. <i>Thank you!</i>	missionary is aut	chorized to leave	for the field.
- Pastor or individual				
Phone number	E-n	nail address		
District		Date		

☐ Individuals — check if you want a commitment certificate. Churches will receive one automatically.