

# Missionary Faith Promise

Assemblies of God U.S. Missions • 1445 N. Boonville Ave • Springfield, MO 65802-1894

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## DONOR INFORMATION

Church

Individual

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Tel. \_\_\_\_\_

Account Number \_\_\_\_\_

Check here if you do not wish to receive promotional materials from U.S. Missions.

## CREDIT/DEBIT CARD

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

One-time

Monthly

Name of Cardholder \_\_\_\_\_

Authorized Signature \_\_\_\_\_

For Individuals: Church to Credit \_\_\_\_\_

## MISSIONARY INFORMATION

As the Lord enables us, we promise to invest \$ \_\_\_\_\_ each month for support of:

Missionary \_\_\_\_\_

Account # \_\_\_\_\_ Department \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

IMPORTANT: Please help this missionary get to his/her place of ministry.  
Sign, date, and mail this form today along with your first check. God Bless You!



**U.S. MISSIONS**

*...that none perish*

**FORWARD TO AGUSM**