

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

Credit/Debit Card

Name _____

Account Number _____ Exp. Date _____

Address _____

One-time Monthly

City _____ State _____ Zip _____

Name of Cardholder _____

Email _____ Tel _____

Authorized Signature _____

Account Number _____

For Individuals: Church to Credit _____

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

MISSIONARY INFORMATION

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

Missionary _____

Account # _____ Department _____

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

Forward to AGUSM