## OUR WORLD MINISTRIES

★ = Required field

Mail completed form to:

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

or you may fax this form to: (417)862-0085

Donor's Account Number			<ul><li>Church Commitment</li><li>Personal Commitment</li></ul>	
(	If unknown, fill in complete nan	n, fill in complete name and address)		ii Communent
*Donor Name	Email Address		☐ share my email with my missionary	
*Mailing Address	* City		*State	* Zip
We promise to invest each month as	s the Lord enables us \$		*Total Monthly	for the
support of*Miss	sionary	_ in ministry to	inistry to Region (not required)	
Missionary's Account Number				
<b>PLEASE NOTE:</b> Assemblies of God the missionary's budget before the mis field by completing and sending this c	ssionary is authorized to	leave for the field	d. Please help your	missionary get to the
Pastor or individual's signature				
Form completed by	Phone numb			
How did you come to support this	missionary?			
☐ Service ☐ Personal Meeting	☐ Friend/Family	☐ Referral	☐ Social Media	ı
☐ Individuals — check if you want a	n 8x10 display certificate	2.		