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			Church CommitmentPersonal Commitment	
	(If unknown, fill in complete na	unknown, fill in complete name and address)		
*Donor Name	Email Address		share my email with my missionary	
* Mailing Address	*City		* State	* Zip
We promise to invest each month as the Lord enables us \$			*Total Monthly	
support of	*Missionary in ministry to		Region (not required)	
Missionary's Account Number				
PLEASE NOTE: Assemblies of C the missionary's budget before the field by completing and sending the	missionary is authorized to	leave for the fiel	d. Please help your	missionary get to the
Pastor or individual's signature _				
Form completed by	by Phone num			
How did you come to support the	nis missionary?			
☐ Service ☐ Personal Meeti	ng 🖵 Friend/Family	☐ Referral	☐ Social Media	1
☐ Individuals — check if you wan	ut an 8x10 display certificat	e.		