

Our World Missions Missionary Associate

* = Required field

Donor's Account Number _____

(If unknown, fill in complete name and address)

* Church name and location or individual's name and address

* Mailing Address

* City

* State

* Zip

We promise to invest each month as the Lord enables us \$ _____ for the

* Total monthly

support of _____ in ministry to _____

* Missionary Associate

Field *(not required)*

Missionary Associate's account number _____

Important: Assemblies of God World Missions requires enough completed commitments to cover the amount of the missionary associate's budget before the missionary associate is authorized to leave for the mission field. Please help your missionary associate get to the field by completing and sending the commitment form using one of the options shown above. *Thank you.*

Pastor or individual _____

* Form completed by _____

Phone number _____ E-mail address _____

District _____ Date _____

I am not Assemblies of God. No promotional mail, please.

- 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:
LORrell@ag.org*
- option 3 *Complete, print and fax form to:
(417) 862-0085*

New Monthly Commitment

Renewed Monthly Commitment

One Time Only \$ _____

Total enclosed \$ _____

Make checks payable to Assemblies of God World Missions.