## OUR WORLD MINISTRIES

★ = Required field

• 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: NDickerson@ag.org

• option 3 Complete, print and fax form to: (417) 862-0085

Donor's Account Number		<ul><li>Church Commitment</li><li>Personal Commitment</li></ul>		
	(If unknown, fill in complete nam	e and address)		
	*Church name and location or indivi-	dual's name and addres	SS	
* Mailing Address	*City		* State	*Zip
We promise to invest 6	each month as the Lord enables us \$	*7	Total Monthly	for the
support of	*Missionary	_ in ministry to _	Region (n	ot required)
Missionary's Accou	int Number			
equal the amount o	Assemblies of God World Mission of the missionary's budget before the sionary get to the field by completing bove. <i>Thank you!</i>	missionary is aut	horized to leave	for the field.
Pastor or individual _				
*Form completed by _				
Phone number	E-m	ail address		
District		Date		
☐ Individuals — c	heck if you want a commitment cert.	ificate. Churches	will receive one	automatically.