OUR WORLD MINISTRIES

₩ = Required field			Complete, print and fax form to: (417) 862-0085 Church Commitment		
Donor's Account Number			Personal Commitment		
	(If unknown, fill in complete name	and address)	_		
	*Donor Nan	ne			
*Mailing Address	* City		*State	*Zip	
We promise to invest ea	ach month as the Lord enables us \$			for the	
we promise to invest et		* 1	Total Monthly		
support of	*Missionary	in ministry to			
**	* Missionary	•	Region	(not required)	
Missionary's Account	Number				
the missionary's budget l	ablies of God World Missions requires en before the missionary is authorized to les sending this commitment form using one	ave for the field. Plo	ease help your	missionary get to the	
Pastor or individual's sign	gnature				
Form completed by					
Phone number	Em	nail address			
District		Date			
☐ Individuals — check if y	ou want an 8x10 display certificate. An elect	cronic version of this f	orm is available	at agwm.com.	

Print and mail completed form to:

Complete, save and email form to:

VMason@ag.org

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

option 1

option 2