

MISSIONARY FAITH PROMISE

ASSEMBLIES OF GOD U.S. MISSIONS • 1445 N. BOONVILLE AVE • SPRINGFIELD MO 65802-1894

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DONOR INFORMATION

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Credit/Debit Card

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Account Number _____ Exp. Date _____

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Authorized Signature _____

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For Individuals: Church to Credit

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Check here if you do not wish to receive promotional materials from U.S. Missions.

Forward to AGUSM

MISSIONARY INFORMATION

As the Lord enables us, we promise to invest \$ _____ each month for support of:

Missionary _____

Account # _____ Department _____

Signature _____ Date _____



IMPORTANT: Please help this missionary get to his/her place of ministry.
Sign, date and mail this form today along with your first check. God Bless You!