

MISSIONARY FAITH PROMISE

ASSEMBLIES OF GOD U.S. MISSIONS • 1445 N. BOONVILLE AVE • SPRINGFIELD MO 65802-1894
TEL: 417.862.2781 • FAX: 417.873.9734 • E-MAIL: AGUSMFINANCE@AG.ORG

DONOR INFORMATION

Church Individual

Credit/Debit Card

Name _____

Account Number _____ Exp. Date _____

Address _____

One-time Monthly

City _____ State _____ Zip _____

Name of Cardholder _____

E-mail _____ Tel _____

Authorized Signature _____

Account Number _____

For Individuals: Church to Credit _____

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

MISSIONARY INFORMATION

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

Missionary John Davis

Account # 220 620 Department Intercultural

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!



U.S. MISSIONS

Forward to AGUSM