



# MISSIONARY FAITH PROMISE

ASSEMBLES OF GOD U.S. MISSIONS • 1445 N. BOONVILLE AVE  
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## *Donor Information*

Church    Individual

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Number \_\_\_\_\_

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

## *Credit/Debit Card*

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Authorized Signature \_\_\_\_\_

For Individuals: Church to Credit

**Forward to AGUSM**

## *Missionary Information*

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

**Wade & Susan Cogan**

Account # 2172229      Department Intercultural Ministries

Signature \_\_\_\_\_      Date \_\_\_\_\_

**IMPORTANT:** Sign, date and mail this form along with your first check. God Bless you!