

U.S. Missions Faith Promise

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Church Individual

Name _____

Address _____

City _____ State _____ Zip _____

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Account number _____ Church to credit _____

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RECIPIENT INFORMATION

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

Name of account _____

Account # _____ Department _____

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U.S. MISSIONS

IMPORTANT: Sign, date, and mail this form today along with your first check, or manage your giving online at www.giving.ag.org. God bless you!

FORWARD TO AGUSM