

OUR WORLD MISSIONS MISSIONARY ASSOCIATE

* = Required field

Donor's Account Number _____
(If unknown, fill in complete name and address)

*Donor Name _____ Email Address _____ share my email with missionary associate

*Mailing Address _____ *City _____ *State _____ *Zip _____

We promise to invest each month as the Lord enables us \$ _____ for the
support of Greg and Nikkita Lewen in ministry to Canary Islands, Spain
*Total Monthly
*Missionary Associate Region *(not required)*

Missionary Associate's Account Number 295259-6

PLEASE NOTE: Assemblies of God World Missions requires enough completed commitments to equal the amount of the missionary associate's budget before the missionary associate is authorized to leave for the field. Please help your missionary associate get to the field by completing and sending this commitment form using one of the options shown above. *Thank you!*

Pastor or individual's signature _____

*Form completed by _____

Phone number _____ District _____

I am not Assemblies of God. No promotional mail, please.

Mail completed form to:
Assemblies of God World Missions
1445 North Boonville Avenue
Springfield, MO 65802-1894

— or —
Complete and fax form to:
(417) 862-0085

- New monthly commitment**
- Renewed monthly commitment**
- One time only \$** _____
- Total enclosed \$** _____