

FELLOWSHIP FAITH COMMITMENT

ASSEMBLIES OF GOD, OFFICE OF ETHNIC RELATIONS ~ 1445 N BOONVILLE ~ SPRINGFIELD, MO 65802
417-862-2781 x 3070 ~ FAX: 417-862-6059 ~ E-MAIL: ETHNICRELATIONS@AG.ORG

Donor Information:

Name _____

Church

Address _____

Individual

City _____ State _____ Zip _____

District

E-mail: _____ Telephone _____

Account Number _____

[Credit/Debit Card transactions are available upon request.](#) Please send information.

Fellowship Information:

As the Lord enables us, we promise to invest \$ _____ each month for support
of the **Ethiopian Fellowship of the AG**

Account Number: **943001**

Signature _____ Date _____

NOTE: Because your commitment is an agreement between you and God, it is understood that you may revise it at any time.

