

FELLOWSHIP FAITH COMMITMENT

ASSEMBLIES OF GOD, OFFICE OF ETHNIC RELATIONS ~ 1445 N BOONVILLE ~ SPRINGFIELD, MO 65802
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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 **Nigerian AG Fellowship, USA**

Account Number: **945001**



Signature _____ Date _____

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