

MISSIONARY FAITH PROMISE

ASSEMBLIES OF GOD U.S. MISSIONS • 1445 N. BOONVILLE AVE • SPRINGFIELD MO 65802-1894
 TEL: 417.862.2781 • FAX 417.873.9734 • AGUSMFINANCE@AG.ORG

DONOR INFORMATION		If using credit card: Credit/Debit Card <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Disc <input type="checkbox"/> AMEX	
<input type="checkbox"/> Church <input type="checkbox"/> Individual		Credit Card Account Number _____ Exp. Date _____ <input type="checkbox"/> One-Time <input type="checkbox"/> Monthly	
Name: _____		Name of Cardholder _____	
Address: _____		Authorized Signature _____	
City: _____		_____	
Email: _____		_____	
Account Number: _____		For Individuals: Church to Credit	
<input type="checkbox"/> Check here if you do not wish to receive promotional materials from U.S. Missions		Forward to AGUSM	

MISSIONARY INFORMATION:		
As the Lord enables us, we promise to invest \$ _____ each month for the support of:		
Missionary <u>R. Duane and Janet Gryder</u>		
Account # <u>2605988</u> Department <u>Motorcycle Chaplaincy</u>		
Signature _____ Date: _____		
IMPORTANT: Please help this missionary get to his/her place of ministry. Sign, date, and mail this form today along with your first check. God Bless You!		

MAIL TO: ASSEMBLIES OF GOD U.S. MISSIONS • 1445 N. BOONVILLE AVE • SPRINGFIELD MO 65802-1894

THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDIT CARD TRANSACTION

COMPANY: THE ASSEMBLIES OF GOD MAIL TO: CONTRIBUTOR SERVICES 1445 N BOONVILLE AVE SPRINGFIELD, MO 65802 OR FAX TO: (417) 866-6415	CONTACT US: Toll free 1-877-840-4800 Local: 417-862-2781 Phone Hours: 9am-4pm CST Email: Contributions@ag.org
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This will authorize THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD, hereinafter called AG, to initiate credit entries and adjustments for any credit entries in error, if necessary, to the credit card indicated below for a monthly contribution to the designation listed below. This authorization is to remain in force until AG has received written notice of its termination in such time and in such manner as to afford AG a reasonable opportunity to act on it. Termination will automatically require that contributions be made by mail designated for your specific monthly faith promise. This authorization does not change the terms of your contributions or faith promises; however, because your faith promise is an agreement between you and God, you may revise your faith promise at any time.

This will authorize the credit card company indicated below to credit and/or debit the same to the credit card account.
 AG reserves the right to revoke this authorization in the event of dispute of the charge without prior notification; account closed without prior notification, and/or two or more declined transactions in one year. Reinstatement in this program will be considered after a period of six months.

Apply a total of \$ _____ monthly towards my contributions to the designation listed below:

MONTHLY CREDIT CARD CONTRIBUTION DESIGNATION						
Missionary/Ministry Name	Ledger	Missionary Account#	Class	Amount	Remarks (13 characters)	
R. Duane & Janet Gryder	700-001	2605988	00	\$ _____	US Missions	

<p style="text-align: center;">DONOR INFORMATION</p> <p>_____ DONOR ID #</p> <p>_____ DONOR NAME</p> <p>_____ DONOR ADDRESS</p> <p>_____ CITY STATE ZIP</p> <p>_____ EMAIL ADDRESS</p>	<p style="text-align: center;">CREDIT CARD INFORMATION</p> <p style="text-align: center;"> <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS </p> <p>_____ CARDHOLDER NAME</p> <p>_____ CARDHOLDER ADDRESS</p> <p>_____ CITY STATE ZIP</p> <p>_____ CARD NUMBER (15 DIGITS FOR AMEX – 16 DIGITS FOR OTHERS)</p> <p>_____ CARD EXPIRATION DATE _____ CARD HOLDER DAYTIME PHONE NUMBER</p> <p>_____ AUTHORIZED SIGNATURE _____ TODAY'S DATE</p>
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MONTHLY CREDIT CARD INFO
 SELECT A TERM

PLEASE MAKE THIS AN ON-GOING CHARGE

PLEASE MAKE _____ (MONTH) _____ (YEAR) THE LAST CHARGE