

# MISSIONARY FAITH PROMISE FORM

ASSEMBLIES OF GOD NATIONAL HOME MISSIONS  
1445 N. BOONVILLE AVE.  
SPRINGFIELD, MO 65802-1894  
PHONE: 417-862-2781 / FAX: 417-873-9734  
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## CHURCH DONOR INFORMATION

Church Account Number \_\_\_\_\_

\_\_\_\_\_ Church Name \_\_\_\_\_ District \_\_\_\_\_

\_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## INDIVIDUAL DONOR INFORMATION

\_\_\_\_\_ Name \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**Missionary William L. Stroman**

**Department Name DHM**

**Account Number 2933778**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT:** Please sign, date and mail this form along with your check to the above address. May God Bless You and Yours!



**Urban Outreach  
Southeast Washington, DC**



**Wil and Kendra Stroman**