



Today's Date: \_\_\_\_\_

**Yes! Count on me!**

I want to help make this a great year for the Blind.

Enclosed is my gift of:

*Please check one:*

\$5\_\_\_ \$10\_\_\_ \$25\_\_\_ \$50\_\_\_ \$100\_\_\_ \$\_\_\_\_\_

*Please check one:*

\_\_\_\_\_ This is a monthly commitment, which is an agreement between me and God. It is understood that I may revise my commitment at any time.

\_\_\_\_\_ this is a one-time offering.

**Your Name** (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Your Signature** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**AG Church credit** \_\_\_\_\_ **District** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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NOTE: The Center for the Blind of the Assemblies of God depends on the signed faith promises of churches and/or individuals to cover the monthly budget to run this ministry for the Blind. Please join with this ministry in evangelizing and equipping the Blind in Christian service by filling out and mailing this signed faith promise form with your check. Thank you!

**THIS FORM DOES NOT NEED TO BE RESUBMITTED BY  
REGULAR MONTHLY SUPPORTERS.**

Make checks payable and mail to:

**Center for the Blind  
Assemblies of God  
1445 N Boonville Ave.  
Springfield, MO 65802  
#3097656**



*Please forward this form to:*

700001 3097656 (40)

AGUSM-Center for the Blind