



Missions Department

*“Reaching the World through the
Southern Missouri District”*

PLEDGE FORM

() Church () Personal Pledge

Church or Individual's Name

Mailing Address

City

State

Zip

*We promise to invest each month as the Lord enables us \$_____ for the support
of the Southern Missouri District World Missions Department.*

Pastor or Individual's Signature

Phone Number _____

Date _____

Mail To:

**Southern Missouri District Missions Office
528 West Battlefield Road • Springfield, MO 65807**