

Partners In Missions

Enrollee Name (please print) _____ Donor Acct# _____

Mailing Address _____

City _____ State/Province _____ Postal Code _____

Phone _____ Email _____

If enrollee is a church, *signature of pastor* _____

If enrollee is an individual, *signature of individual* _____

It is understood that this pledge of support will continue as long as this Associated Minister is active or until we instruct otherwise.



Terry Shock

Associated Minister



United Pentecostal Church
International
36 Research Park Ct
Weldon Spring MO 63304

This is an **increase** of an existing pledge:

Increase pledge amount from \$ _____ to \$ _____

per month effective ____/____ (mm/yyyy).

This is a **one-time** donation of \$ _____

GMMND . 8654 . 2707

This is a **new** pledge effective

____/____ (mm/yyyy).

(\$50 suggested)

\$50 \$100

\$75 \$200

\$ _____

GMASMN . 8654