



Allison Mitchell

Associate Missionary



ASSOCIATE MISSIONARY PROGRAM

Global Missions
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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 AIMER is active or until we instruct otherwise.

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

Increase pledge amount from \$ _____ to \$ _____

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

This is a **new** pledge effective

____/____ (mm/yyyy).

(\$50 suggested)

\$50 \$100

\$75 \$200

\$ _____

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

GMASMS . 189429 . 0125

GMASMS . 189429 . 0115