



COMMUNITY OUTREACH PROJECT

"Helping the smaller church with the Harvest!"

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 Community Outreach Project in the Southern Missouri District.

Pastor or Individual's Signature

Phone Number

Date

Mail To:

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