



**Alabama State Missionary Baptist Convention**  
**Missions and Disaster Relief**  
**Personal Pledge Form**

**Contact Information**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Church: \_\_\_\_\_

Pastor: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**YOUR MISSION GIFT \$** \_\_\_\_\_

**YOUR DISASTER RELIEF GIFT \$** \_\_\_\_\_

Are you interested in a leadership role for Missions or Disaster Relief?

Yes: \_\_\_\_ No: \_\_\_\_

May we contact you?

Yes: \_\_\_\_ No: \_\_\_\_

*PLEASE COMPLETE AND RETURN TO: ASMBC, P. O. BOX 2792, TUSCALOOSA, AL 35403*