

EVANGELICAL CHURCH OF LIBERIA (ECOL)

MONROVIA, LIBERIA

MISSIONS SUPPORT COMMITMENT FORM

NAME: _____

CHURCH: _____

ADDRESS: _____

CONTACT #: _____

SUPPORT: ONE TIME _____ MONTHLY _____ (PLEASE CHECK ONE)

AMOUNT: _____ LIBERIAN DOLLAR _____ UNITED STATES DOLLAR _____

SIGNATURE: _____

EVANGELICAL CHURCH OF LIBERIA (ECOL)

MONROVIA, LIBERIA

MISSIONS SUPPORT COMMITMENT FORM

NAME: _____

CHURCH: _____

ADDRESS: _____

CONTACT #: _____

SUPPORT: ONE TIME _____ MONTHLY _____ (PLEASE CHECK ONE)

AMOUNT: _____ LIBERIAN DOLLAR _____ UNITED STATES DOLLAR _____

SIGNATURE: _____