



AGED MINISTERS ASSISTANCE

For our "Pioneers of the Faith" who gave sacrificially to build this Fellowship and the kingdom of God and now need our help.

STRUGGLING? "AMA is the difference between not enough and just enough."

FORGOTTEN? "To know that I have not been forgotten ... I am still being remembered."

NEED HELP? "Never dreamed in all the 55 years we pastored that I would one day be a recipient."

AMA is an emergency fund designed to help provide the daily needs of food, medicine and housing for aged ministers and their spouses with substandard incomes. Emergency medical assistance is also available.

ELIGIBILITY REQUIREMENTS FOR AMA

- Ministry — Official AG ministers with 10 years of active ministry prior to retirement or disability, and their spouses or widows.
- Age — 65 for ministers, 60 for widows.
- Disability — Totally disabled ministers under 65 may apply for assistance.
- Income — Total monthly income less than \$1,425 (couple) or \$950 (single). **AMA** provides the difference between current income and the **AMA** monthly maximum.
- Emergency — If a minister is confronted with insurmountable medical bills or other unusual expense not covered by Medicare or supplemental insurance, he or she may apply for an emergency grant.

HOW TO APPLY

Call 417-862-2781, ext. 2184, or email: ama@ag.org, or write to **AMA, 1445 N. Boonville Ave., Springfield, MO 65802**. Visit our website: www.ama.ag.org to download an application.

HOW TO HELP OUR "PIONEERS OF THE FAITH"

AMA is not a pension, but a fund underwritten solely by contributions from concerned churches and individuals. A one-time or monthly gift of any size is greatly appreciated, and joined with other gifts, makes possible this ministry to our beloved aged ministers, their spouses and widows.

Donate online at www.ama.ag.org or send in the coupon below with your check to:
Aged Ministers Assistance, 1445 N. Boonville Ave., Springfield MO 65802.

YES! I want to help AG Aged Ministers in need!

My check/money order is enclosed 872-001 SC 84

Please charge my credit card: MasterCard VISA Discover American Express

\$ _____ # _____ - _____ - _____ - _____ Exp. ____/____

Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Church to credit: _____ City: _____

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