



# Student Sponsorship Registration (\$360/student/year)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Church You Attend: \_\_\_\_\_

ID of Student(s) You Would Like to Sponsor: \_\_\_\_\_  
(can be found on the front of the student profile)

I would like to participate in a Zoom call with my student(s) (20-minute Zoom calls happen in April and November; we will email you about a month in advance to schedule)

I understand that my gift to Rainbow Network is not being delivered directly to my student but instead will support Rainbow Network's overall expenses, including my student, their family, and their community. My gift to Rainbow Network is not restricted in any way.

**PLEASE CHOOSE PAYMENT FORM (CHECK, ONLINE, OR ELECTRONIC FUNDS TRANSFER):**

**CHECK:** I will send my contribution by mail each  month  quarter  semi-annually  annually

**ONLINE at [Rainbownetwork.org/student-payments-and-gifts/](http://Rainbownetwork.org/student-payments-and-gifts/)**  
I will contribute online each  month  quarter  semi-annually  annually

For check or online giving: Please send me an email reminder for each contribution based on the schedule chosen above:  
 yes  no

**ELECTRONIC FUNDS TRANSFER:** Automatically withdraw my sponsorship contribution from my account each month.

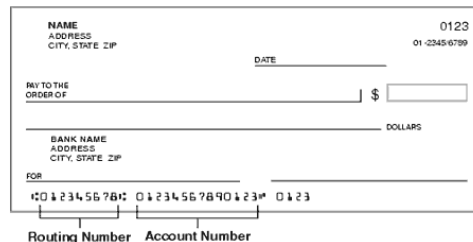
Withdraw on the  10<sup>th</sup> of each month OR  24<sup>th</sup> of each month  
(Note: If the 10th or 24th of the month falls on a weekend or a bank holiday, your withdrawal will occur on the following business day.)

Amount to Withdraw: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Type:  Checking  Other



Please sign and return this form along with a voided check from your account (if choosing automatic withdrawal).

**I hereby authorize Rainbow Network and the financial institution named to charge my account the amount shown above each month. This also includes my authorization for Rainbow Network to correct any charges made in error.**

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**Mail completed form to 3840 E Chestnut Expy – Ste. A, Springfield MO 65802 or email to [info@rainbownetwork.org](mailto:info@rainbownetwork.org)**