

# Student Sponsorship Registration

\$360 per student per year

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

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

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

Email: \_\_\_\_\_

My Church (If applicable): \_\_\_\_\_

Students I'd Like to Sponsor: ID #1 \_\_\_\_\_ ID #2 \_\_\_\_\_ ID #3 \_\_\_\_\_  
(ID found on Student Profile)

I would like to participate in a Zoom call with my student(s) (20-minute Zoom calls take place in April and Nov)

### Payment Form: (Choose One)

Online: [rainbownetwork.org/student-payments-and-gifts/](http://rainbownetwork.org/student-payments-and-gifts/)



**SCAN TO GIVE**

Check: I will send my contribution by mail to PO Box 14638 Springfield, MO 65814

#### For online and check contributions:

I will submit my contribution:  Monthly  Quarterly  Annually

Please send me an email reminder for each contribution based on the schedule chosen above

Electronic Funds Transfer: Automatically withdraw my contribution from my account each month

Withdraw on the:  10th  24th

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).

NAME ADDRESS CITY, STATE ZIP	DATE	0123 01-2345-6789
PAY TO THE ORDER OF	\$	
BANK NAME ADDRESS CITY, STATE ZIP		DOLLARS
FOR		
⑆0⑆2345678⑆0⑆234567890⑆23⑆0⑆23		
Routing Number	Account Number	

**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 for EFT): \_\_\_\_\_ Date: \_\_\_\_\_

*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.*