

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 (ID found on Student Profile)	#2 ID #3
I would like to participate in a video call with my student(s) (20	-minute video calls take place in April and Nov)
Payment Form: (Choose One)	回送祭司 東京統治等
Online: Rainbownetwork.org/student-contributions	s-and-gifts/
Check: I will send my contribution by mail to PO Bo	x 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	NAME 0123
Amount to Withdraw: \$	ADDRESS 01-2345-0759 CITY, STATE ZIP 0ATE
Account Number:	NV TO THE ORDER OF \$ DOLLARS
Routing Number:	BANK NAME ADDRESS CITY, STATE ZIP
Account Type: Checking Other	1:0123456781: 01234567890123# 0123
Please sign and return this form along with a voided check from account (if choosing automatic withdrawal).	YOUT 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.