

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-contributions-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).



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.