

SPONSOR REGISTRATION FORM



Reciprocal Ministries International

5475 Lee Street, Suite 301 Lehigh Acres, FL 33971
Phone: (239)368-8390 info@RMIbridge.org

The Hope for Kidz sponsorship donation cycle of 12-months runs April 1st through March 31st.

New, first-time monthly sponsorships starting after April should include a "First-Time Sponsorship Payment" to provide a full year sponsorship. This is considered a catch-up payment.

The catch-up payment varies depending on the month the sponsorship starts. Please see the chart below to determine the initial catch-up payment amount. Circle the amount of your first payment.

New sponsorships that do not include the catch-up payment will provide a partial sponsorship for the first year only.

Personal Information (Name and address as it appears on your financial account)

First Name: _____ Last Name: _____

Billing Address: _____

City/State/Zip: _____

Best Phone #: _____

Email: _____

Financial Information

Type of Account: ☐ Checking (attach voided check) ☐ Credit Card

Bank Routing #: _____ Name on card: _____

Account / Credit Card #: _____ CC Expiration Date: _____ CVV: _____

Annual Sponsorship

One-time annual donation of \$480 per child on _____ (month/day).

Monthly Sponsorship

Begin my monthly donation of \$40 per child on _____ (month/day).

All monthly donations will process on the same day of each month thereafter.

New Sponsors Only

☐ **Yes-** I give my permission for RMI to process the "First-Time Sponsorship Payment" as my first donation to ensure a first-year sponsorship for each child. (see schedule below).

*First-Time Sponsorship Payment

First-Time Sponsorship Begins in:	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Circle the first-time Payment amount:	\$40	\$80	\$120	\$160	\$200	\$240	\$280	\$320	\$360	\$400	\$440	\$480

Child Name(s) and ID Number(s)

Child Name: _____ Child ID Number: _____

Child Name: _____ Child ID Number: _____

Child Name: _____ Child ID Number: _____

Sign and Date

I authorize Reciprocal Ministries International to process debit entries from my checking account or credit card as indicated above. I understand that this authorization will remain in effect until I have it canceled. If I wish to cancel my authorization or make changes to the above information, I promise to notify Reciprocal Ministries International within a reasonable length of time. I have attached a voided check.

Authorization Signature: _____ Date: _____

Attach a voided check.

Fax to 239-368-8325 or mail to RMI at the address shown above.

