



# Rhema Global Missions Sponsorship Form

Name of Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please indicate method of payment (Please make Money order or Cheque payable to Rhema Christian Ministries)

Automatic Payment Plan  Cheque

**\*Yes! I would like to sign up for Rhema's Automatic Payment Plan**

### OPTION A. BANK WITHDRAWAL PLAN

I/We have included a cheque marked void



I/We hereby authorize Rhema Ministries to draw preauthorized cheques against my/our account on the \_\_\_\_\_ of each month commencing in \_\_\_\_\_ (eg. June)

or

I'm already on the Bank Withdrawal Plan. Please increase my monthly sponsorship payment automatically deducted from my bank account to \$ \_\_\_\_\_ commencing in \_\_\_\_\_ (eg. June)

Signature \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### OPTION B. CREDIT CARD PLAN

I/We hereby authorize Rhema Ministries to charge my/our      
on the \_\_\_\_\_ of each month commencing in \_\_\_\_\_ (eg. June)

or

I'm already on the Credit Card Plan. Please increase my monthly sponsorship payment automatically charged to my credit card account to \$ \_\_\_\_\_ commencing in \_\_\_\_\_ (eg. June)

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_ Signature \_\_\_\_\_

\*The authorization may be cancelled at any time upon three weeks written notice by the undersigned.

