



## ANIMAL SPONSORSHIP APPLICATION

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
e-mail: \_\_\_\_\_

I would like to sponsor: \_\_\_\_\_ (dog) @ \$30/per month  
\_\_\_\_\_ (cat) @ \$20/per month

Total amount per month: \_\_\_\_\_

### Automatic Monthly Deduction

I authorize Rainbow Friends Animal Sanctuary to debit my bank account / credit card every month by the sum of \$\_\_\_\_\_ (please complete relevant sections below).

### Bank Account Details

Name (on account): \_\_\_\_\_  
Name on account

Mailing Address: \_\_\_\_\_  
Street City, State, Zip Code

*Please enter your bank information here or attach a voided check:*

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

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

Checking / Savings \_\_\_\_\_  
(circle one) Routing Number Account Number

### Credit Card Details

#### Credit card information

MasterCard / Visa / American Express/ Diners / Discover (select one)

Name on card: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Credit card number Exp. Date Security Code

### Signature

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

### Please send completed form to:

Rainbow Friends Animal Sanctuary  
P.O. Box 1259  
Kurtistown, HI 96760

Ph: (808) 982-5110 e-mail: mail@rainbowfriends.org www.rainbowfriends.org

The above authorization will remain in effect until Rainbow Friends Animal Sanctuary receives written notification of termination.