

# ReWritten

PLEASE PRINT CLEARLY

Last Name		First Name		Date
Address		City	State	Zip Code
Day Phone (required)	Alt. Phone	Email ( <i>We never disclose your email address to others.</i> )		
<input type="checkbox"/> Please email me the ReWritten newsletter.		<input type="checkbox"/> My employer offers a matching donation program.		

## I would like to partner with ReWritten in transforming lives:

Please check one. Please write in your investment amount.

<input type="checkbox"/> Affiliate: \$1.- \$499. _____	<input type="checkbox"/> Patron: \$500.- \$999. _____	Ambassador \$1,000-\$2,499. _____
<input type="checkbox"/> Visionary: \$2,500.- \$9,999. _____	<input type="checkbox"/> Grantor: \$10,000.+ _____	

Please check one:  I would like to make my tax-deductible investment in a one-time contribution.  
 I would like to make my tax-deductible investment in monthly installments. \$ \_\_\_\_\_ Per Month

## Payment Method (please complete only one type of payment method)

Please submit the first month's donation with this form in order for your sponsorship to be processed promptly.

Check (payable to ReWritten) # \_\_\_\_\_ Amount \_\_\_\_\_  
Name on Check (if different) \_\_\_\_\_

## AUTOMATIC BANK DRAFT Please debit my donation from my (check one):

Checking Account (**Please staple a voided check**)  
 Savings Account (contact your financial institution for Routing #)

Routing Number: \_\_\_\_\_

**Valid Routing # must start with 0, 1, 2, or 3**

Account Number: \_\_\_\_\_

### Automatically draft my account on the:

(please check only one)  5th of each month  10th of each month  15th of each month  20th of each month

I authorize ReWritten and Clover Donations, LLC (*the company ReWritten uses for bank drafts*) to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CREDIT OR DEBIT CARD

MasterCard  Visa  Discover

Your name as it appears on the card Billing Address (if different from above)

Card Number CVV # Expiration Date

### Automatically bill my credit or debit card on the: (please check only one)

5th of each month  10th of each month  15th of each month  20th of each month

Signature \_\_\_\_\_

**NOTE: If you selected credit card, debit card or electronic funds transfer**, the first charge to your card or draft from your account will happen when the form is processed by the Sponsorship Office. After that, your charges or drafts will be processed on the day of the month that you select above.

**PLEASE MAIL TO:** ReWritten: PO Box 2009 Colton, California 92324

909-645-6189 info@ReWritten.org [www.ReWritten.org](http://www.ReWritten.org)

Sponsorship Form v. 1.1, 2/14/13