

MONTHLY SPONSOR FORM

A New Beginnings monthly sponsor commits on a month-to-month basis to support the ministry. According to your instructions a gift will be generated monthly to support the New Beginnings ministry. By supporting monthly, you help level out the ebbs and flow of gifts that come in to support New Beginnings.

By signing up as a monthly sponsor you share in our mission of Christian education, love and support for others. Please fill out pertinent information below:

DONOR INFORMATION

Name _____

Address _____

City, State, ZIP _____

Phone (_____) _____ Home Mobile Business (please check one)

Email _____

YES, I WANT TO BE A MONTHLY SPONSOR

Beginning with the month of _____, and each month thereafter, charge \$ _____.
{Please write the date you would like your donation to be processed.}

BY CHARGE CARD

Visa MasterCard Discover American Express {check one}

Credit Card # _____

Name on Card _____

Exp ____/____ Security Code* _____ Signature _____

*Required. Where to find the Security Code? Visa/MC/Discover: 3-digit code on the back of card. AMEX: 4-digit code printed on the front of card.

BY CHECK

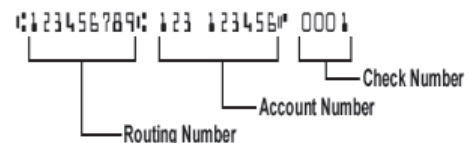
Please send me remittance envelopes

BY EFT FROM BANK ACCOUNT

Account Type (Check one) Checking (attach voided check) Savings (attach deposit slip)

Routing Number (9 digits)* _____ Account Number* _____

* The Routing Number and Account Number are located on the bottom of your check. See example.



I CANNOT BE A MONTHLY SPONSOR NOW BUT ACCEPT MY IMMEDIATE GIFT

Gift Amount: \$ _____ Check enclosed Charge to Credit Card (fill out "BY CHARGE CARD" info above)

New Beginnings places a high value on the trust and confidence you as the Donor place in us and we consider your privacy our utmost concern. We do not disclose any nonpublic personal information about you to anyone, except as required by the law. We may disclose the information we collect to the financial institutions responsible for the withdrawal of funds from your account via Automated Clearing House (ACH). These companies will use the information only for the services for which we have specified, and are not permitted to use or share this information for any other purpose. AT NO TIME WILL WE RENT OR OTHERWISE MAKE AVAILABLE THE PUBLIC OR NONPUBLIC INFORMATION FOR ANY PURPOSE EXCEPT AS DESCRIBED IN THIS NOTICE. If you decide at some point to discontinue the services or become an inactive donor, we will continue to adhere to the privacy policy and practices described in this notice.

I certify that I am authorized to initiate this agreement and that I have read and understand the policies stated above. This authorization will remain in effect until I give written notice for any change or cancellation.

Signature: _____ Date: _____

New Beginnings is a non-profit registered 501(c)3 agencies with the Internal Revenue Service. No goods or services of any value were provided to you in exchange for your donation.

