



Sponsorship Form

“Thank you for making me a person like others. I was considered by the community as “nobody” because of my poverty, but now I feel I am a person again.” --Sister Connection widow to her sponsor.

(Please fill out form and return via U.S. Mail, fax, or e-mail)

Name _____
Address (line 1) _____
Address (line 2) _____
City _____ State _____ Zip/Postal _____
Country _____
Telephone _____ (alt. #) _____
Email address _____

100% of sponsorship
contributions are given
to our widows

I would like to connect with ____ widow(s):

- \$30 monthly
- \$90 quarterly
- \$360 annually

As a sponsor you will receive
the quarterly Sister Connection
Newsletter, and any personal
updates on your widow as they
come in to our office.

Payment method: (check one)

- Enclosed check/money order payable to*: **Sister Connection c/o FMF**
- Credit Card (see credit card form below)
- Electronic Funds Transfer (EFT) (see EFT form below)

* Monthly Check Payment must be received by the 15th of the month.

Fax, Mail or E-Mail Completed Form(s) with enclosed form of payment to:

Sister Connection
c/o Free Methodist Foundation
P.O. Box 580
Spring Arbor, MI 49283
E-Mail: info@sisterconnection.org Fax: 623-444-9085

Questions? Please call us at 623-882-1393 to speak with a Sister Connection representative or e-mail us at: info@sisterconnection.org

Thank you for choosing to make a difference with Sister Connection!



DIRECT WITHDRAWAL AUTHORIZATION AGREEMENT
(For funds coming to The Free Methodist Foundation from another institution)

I hereby authorize The Free Methodist Foundation to debit my **checking/savings** (Circle one) account #_____ at the financial institution named below in the amount of \$_____ on a monthly basis, beginning_____.

Adjusted entries to correct errors are also authorized. This authority will remain in effect until it is canceled in writing. Please credit the account at The Free Methodist Foundation:

Sister Connection Widow Name: _____

Case Number: _____

Financial Institution Name

Date

Account Number

Routing/ABA Number

Address

Accountholder name (print)

City State Zip

Accountholder Signature

PLEASE NOTE: The Free Methodist Foundation only allows for *monthly withdrawal*, and will debit your account on the 15th of each month in order to accommodate our accounting system.

NOTE: If a checking account, please attach a voided check when you return this form.

Return to: Sister Connection c/o The Free Methodist Foundation, P.O. Box 580, Spring Arbor, MI, 49283 (Phone: 1-800-325-8975)



CREDIT CARD TRANSACTION AUTHORIZATION

Type of Credit Card (VISA, Mastercard): _____

Credit Card #: _____

Expiration Date: _____

Name on Card: _____

Billing Address of Credit Card Holder:

Card Verification # (from back of card): _____

Amount: _____

Circle One: Monthly Quarterly Annually One Time Gift

Ministry: *Sister Connection*

Sister Connection Widow Name: _____

Sister Connection Widow No. _____