



# Become an "RCM Partner"

**Yes**, I would like to partner with RCM by becoming a regular monthly donor.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_

*You may discontinue automatic credit card donations or automatic direct deposits at any time by contacting RCM at 540-249-9119.*

Monthly Donation in the amount of \$ \_\_\_\_\_

*Sent monthly \_\_\_\_\_  
or quarterly \_\_\_\_\_ (3 monthly donations)*

Monthly Credit Card Charge    Direct Deposit    Mail Check

VISA    MasterCard    Discover    Am Exp

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ )

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Print Name \_\_\_\_\_

3-digit Security Code on back of Card

Signature \_\_\_\_\_

Complete and mail to:  
RCM  
PO Box 479  
Grottoes, VA 24441-0479

For questions, call 540-249-9119