

Become an "RCM Partner"

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

Name: _____ Date: _____

Email: _____ Phone: _____

Address: _____

Please Check: Monthly: _____ Yearly: _____

Donation Amount: \$ _____ Day of Month or Year to Process: _____

I authorize Restoration in Christ Ministries (RCM) to input my credit card information below into the Customer Information Manager (CIM) on Authorize.net for my monthly/yearly deduction. I understand that my card information will be shredded once inputted into the CIM and RCM will not retain a copy of my credit card information. I understand that I must contact RCM to if I wish to discontinue my partnership.

Signature: _____ Date: _____

Important Note:

Donations to this ministry are fully tax-deductible except when the donor receives goods or services in exchange. In that case, the fair market value of the goods received will be deducted from the total donation. You will receive a receipt in the mail from RCM indicating what part of your donation is tax deductible.

Please **print, sign, and mail** to:
Restoration in Christ Ministries, PO Box 479, Grottoes, VA 24441
or **FAX** to 540-249-9716

FOR SECURITY PURPOSES, DO NOT EMAIL THIS FORM TO US.

A financial statement is available upon written request from the Commonwealth of Virginia, Office of Consumer Affairs at PO Box 1163, Richmond VA 23218

Name on Card: _____

Card #: _____

Expiration Date: _____/_____ CVV: _____

- | |
|---|
| <input type="checkbox"/> Visa |
| <input type="checkbox"/> Mastercard |
| <input type="checkbox"/> American Express |

This portion will be shredded once entered in the CIM of Authorize.net