



THE RAINBOW CONNECTION SPONSORSHIP FORM

NAME: _____

STREET: _____

CITY/STATE/ZIP: _____

PHONE: _____

____ Please add my name to your mailing list

____ I am already on your mailing list, but please note corrections

____ Enclosed is my one-time donation of \$_____ to The Rainbow Connection

____ Enclosed is my first monthly pledge payment (see box at right)

____ Enclosed is a special donation of \$_____ (circle one) in memory of / in honor of

JOIN OUR ANNUAL SPONSOR RAINBOW

(a monthly reminder will be sent)

____ **Pot of Gold Sponsor:** \$5,000 or more (monthly minimum-\$417)

____ **Rainbow Sponsor:** \$1,000-\$4,999 (minimum of \$83 per month)

____ **Yellow-Arc Sponsor:** \$500-\$999 (minimum of \$42 per month)

____ **Red-Arc Sponsor:** \$100-\$499 (minimum of \$9 per month)

____ **Blue-Arc Sponsor:** \$1-\$99

Please send a gift acknowledgement to:

NAME: _____

STREET: _____

CITY/STATE/ZIP: _____

**RETURN THIS FORM TO:
THE RAINBOW CONNECTION
301 UNIVERSITY BLVD.
GALVESTON, TX 77555-0361**