

SUSTAINER GIVING FORM



Thank you for your generous gift to Indiana Teen Challenge.

Every gift helps save lives and provides hope for those in need.

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Sign up to receive newsletters, mailing and updates.

_____ I would like to make a: _____ Weekly Gift - (*processes every 7 days*) _____ Bi-Weekly Gift - (*processes every 14 days*)

To start on: _____/_____/_____ (*mm/dd/yyyy*)

OR

_____ I would like to make a: _____ One-Time _____ Monthly _____ Quarterly _____ Semi-Annual _____ Annual Gift

Process my gift on the: _____^{5th} _____^{10th} _____^{15th} _____^{20th} _____^{25th} day of the month

To start on: _____/_____/_____ (*mm/dd/yyyy*)

Gift Amount \$ _____ (*Minimum \$5 gift*)

Please Apply My Gift to:

- | | |
|--|---|
| _____ Student Sponsorship (Please specify in comments) | _____ North Central – Elkhart (adult men) |
| _____ Central Indiana – Lebanon (adolescent girls) | _____ Wabash Valley – Terre Haute (adult men) |
| _____ Grace House – Indianapolis (adult women) | _____ Stay Sharp Drug Prevention |
| _____ Jasper County Recovery House (adult men) | _____ Where most needed |
| _____ Other (Please specify in comments) | |

Comments: _____

Please make this a: _____ Donation _____ Memorial Gift _____ Honor Gift _____ Anonymous Donation

In Memory/Honor of: _____

_____ Enclosed is a voided check for my donation. Please transfer my gift from my checking account.

OR

_____ My credit card information is listed below for my donation. Please transfer my gift from my credit card.

Credit Card Account: _____ Expiration Date _____ / _____



I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.indianatc.org or by contacting Indiana Teen Challenge by phone or mail. All donations provided to Indiana Teen Challenge comply with U.S. Law.

Signature _____ Date _____
(Required)

Please make a copy of this form for your records or you can request one from:

Indiana Teen Challenge
PO Box 564, Lebanon, IN 46052
(317) 348-0711 • office@indianatc.org • www.indianatc.org