



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

____ Assist Student Tuition (List name in box below) ____ CITC Ministry

____ 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
P.O. Box 564, Lebanon, IN 46052
(317) 348-0711 • office@indianatc.org • www.indianatc.org