



DONATION FORM

YES! I want to help fight the war on drugs!

You can share in our commitment to provide for those in need by joining the Teen Challenge of Arizona Monthly Giving Club.

When you participate, your gift will be transferred conveniently each month from your checking, savings account, or your credit card directly to Teen Challenge of Arizona.

CONTACT

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Email _____

Sign up to receive newsletters, mailings and updates.

GIFT INFORMATION

I would like to make my monthly gift on the 5th of each month as follows:

In the amount of: ___ \$25 ___ \$50 ___ \$100 \$ _____ Other Amount

Please apply my gift to:

___ General Fund ___ Christian Life Ranch ___ Home of Hope

___ Mohave County Office ___ Phoenix Center ___ Springboard





___ Tuscon Center ___ Yuma Office

Start Date: ____/____/____ (mm/dd/yyyy) End Date: ____/____/____ (mm/dd/yyyy)

Comments: _____

PAYMENT INFORMATION

Enclosed is a voided check for my gift. Please transfer my gift from my checking account. *OR*

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

Credit Card Number _____ 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 at any time through the online donation form at www.tcaz.org or by contacting Teen Challenge of Arizona, Inc. by phone or mail. All donations provided to Teen Challenge of Arizona, Inc. comply with U.S. Law.

Signature (Required) _____ Date _____