



**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 5<sup>th</sup> 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](http://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 \_\_\_\_\_