



**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 accounts, or your credit card, directly to Teen Challenge of Arizona.

**TEEN CHALLENGE OF ARIZONA**  
**AUTOMATIC MONTHLY GIVING**

Your gift will go even further because our paperwork will be reduced, and our income will be more predictable, leading to improved cash management and lowered administrative costs. This puts your gift to work immediately, helping those who are served by our programs.

A record of each gift will appear on your monthly bank or credit card account statement. You may increase, decrease or suspend your gift at any time by contacting us: **Teen Challenge of Arizona, P.O. Box 5966, Tucson, AZ 85703-0966 or calling 1-800-346-7859.**

All gifts provided to Teen Challenge of Arizona originating as checking transfers comply with United States law and are tax-deductible.

**Here's how to join:**

1. Fill out the form attached below, making sure to indicate the amount you would like to contribute each month. Your name and address must be complete.
2. Be sure to sign your name and specify the date.
3. Return the completed form in the postage paid envelope **including a check with your first month's gift or credit card information.** Your gifts will be processed on approximately the 5<sup>th</sup> of each month.

**Record your monthly gift amount here: \$ \_\_\_\_\_**

**Cut form along line & retain for your records.**



*A higher standard.  
A higher purpose.*

**Teen Challenge of Arizona**

**YES! Sign me up to be a Monthly Contributor!**

Please circle the amount you would like to give each month:

**\$25    \$50    \$100    \$ \_\_\_\_\_ Other**

**Enclosed is a check** for my first month's gift. Please transfer my monthly gifts from my checking/savings account. I understand my future gifts will be transferred directly from my account approximately the 5<sup>th</sup> of each month.

**OR**

**Here is my credit card information.** Please transfer my monthly gifts from this credit card. I understand my future gifts will be transferred directly from my credit card account approximately on the 5<sup>th</sup> of each month.

**Credit Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_/\_\_\_\_

**Visa** \_\_\_\_ **Master Card** \_\_\_\_ **American Express** \_\_\_\_ **Discover** \_\_\_\_

**Name:** \_\_\_\_\_ (Name/address must be completed in full)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Daytime Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Evening Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please apply my monthly gifts to:

- |                     |                           |                                    |
|---------------------|---------------------------|------------------------------------|
| ____ General Fund   | ____ Christian Life Ranch | ____ New Horizon Christian Academy |
| ____ Phoenix Center | ____ Home of Hope         | ____ Mohave County Office          |
| ____ Tucson Center  | ____ Springboard          | ____ Yuma Office                   |

For Office use only: \_\_\_\_\_

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**Teen Challenge of Arizona, Inc.**  
P.O. Box 5966  
Tucson, AZ 85703-0966  
**1-800-346-7859**

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