



YES! I want to help fight the war on drugs by Sponsoring A Student!

You can share in our commitment to provide for those in need by joining the Teen Challenge of *Arizona Monthly Sponsorship 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 SPONSORSHIP

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 sponsorship gift to work immediately.

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 5th of each month.

Record your monthly gift amount here: \$ _____

Cut form along line & retain for your records.



*A higher standard.
A higher purpose.*

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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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Teen Challenge of Arizona

YES! Sign me up to be a Monthly Sponsor!

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 5th 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 5th 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 Sponsorship for:

NAME OF STUDENT

(Please indicate Center where student resides) ____ Phoenix Center ____ Home of Hope

____ Christian Life Ranch

____ Tucson Center ____ Springboard ____ New Horizon Christian Academy

For Office use only: _____