TEEN CHALLENGE OF SOUTHERN CALIFORNIA

RIDES FOR RECOVERY

DONATION FORM

1. NAME OF PARTICIPANT YOU'RE SPONSORING

2. DONOR INFORMATION

First Name | Last Name

Company Name (if applicable)

Billing Address | Apt. # | (CIRCLE ONE) H W

City | State | Zip

Home Phone | Business Phone

Email

3. CHOOSE A DONATION LEVEL

O $20 O $50 O $150

O Other (enter amount) $.

4. PAYMENT INFORMATION

O I am enclosing a personal check for the full donation amount made payable to Teen Challenge of Southern California.

O I am paying by credit card (please fill in the following information) O VISA O MasterCard O AmEx O Discover

Credit Card Number | Expiration /

Authorized Signature _____

5. SUBMIT YOUR DONATION

Please mail this form with your donation to the center you are supporting:

- O Central Valley, P.O. Box 391, Reedley, CA 93654
- O Inland Empire, 5445 Chicago Ave., Riverside, CA 92507
- O Kern County, P.O. Box 1101, Bakersfield, CA 93302
- O Los Angeles County, P.O. Box 35, Lynwood, CA 90262
- O Ministry Institute, P.O. Box 739, South Gate, CA 90280
- O Orange County, P.O. Box 236, Santa Ana, CA 92702
- O San Diego County, P.O. Box 15637, San Diego, CA 92175
- O Ventura/Tri-County, P.O. Box 1064, Ventura, CA 93002

- Each check must come with its own donation form.
- All donations are 100 percent tax-deductible.
- All donations are nonrefundable and nontransferable.

Thank you for your donation!

Teen Challenge of Southern California
5445 Chicago Ave.
Riverside, CA 92507
Tel: 951-682-8990
teenchallenge.org