TEEN CHALLENGE OF SOUTHERN CALIFORNIA

WALKS FOR RECOVERY

5K 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