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**MONTHLY PARTNERS PROGRAM
Pre-Authorized Donation Form**

Yes, I want to join the Monthly Partners Program and designate my support to:

- BRANDON (Women) WINNIPEG (Men) TBAY (Men) TBAY HOPE HOUSE (Women)
 PEMBINA VALLEY (Community Resource Centre) DRYDEN (Community Resource Centre)

Name

Address

Phone Number

Email Address (you can easily unsubscribe using the unsubscribe button located at the bottom of every email)

Donation Options:

Monthly Donation Amount | \$30 \$50 \$100 Other _____

Payment Options | *Chequing Account Cash Credit Card

Date of Withdrawal | 1st of each month or 15th of each month

*Please enclose a void cheque or photocopy.

Credit Card Information (if applicable):

I prefer to give my credit card information over the phone. Please call me.

Card Type | Visa Mastercard American Express

Card Number

Expiry Date

I hereby authorize Teen Challenge of Central Canada Inc. to process my monthly donation, with the preferences I have chose above, to start _____.
Date

Signature