

Designated Monthly Giving: I authorize Teen Challenge Cincinnati to charge my first payment immediately and then debit subsequent payments on the 20th of each month from my credit card. This authority is to remain in full force and effect until Teen Challenge receives notification from me to change.

Amount Designated: _____

Signature: _____ Today's Date: _____

Credit Cards: Visa Mastercard

Card Number _____ - _____ - _____ - _____

Exp. Date ____ / ____

Name: _____ Phone: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Print & Mail this sheet along with your donation to:

Teen Challenge Cincinnati
PO Box 249
Milford OH, 45150-8996