



## Scholarship Donor Form

Thank you for your willingness to help provide scholarships to students at Teen Challenge Ranch of NW Arkansas. Teen Challenge depends upon donors to help cover the normal operating expenses for each student accepted into the program. These expenses are estimated to be \$2500 per month (approximately \$83 per day) for each student enrolled. Your monthly donation to Teen Challenge will help to offset some of these expenses and will go a long way in changing a young man's life. After completing this form please return it to the family as soon as possible.

I understand that the Teen Challenge program is designed to run from 12 to 18 months (depending on the progress of the student). I am committing to send in a monthly donation of \$ \_\_\_\_\_ to the ministry of Teen Challenge as long as \_\_\_\_\_ remains in the program.  
(Child's Name)

Donor's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

In order to make sure that your contributions are tax deductible, please **do not** put any student's name anywhere on the check. Instead, you may attach a sticky note or letter with the name of the student whose family has contacted you and asked you to become a scholarship donor.

Teen Challenge Ranch of NW Arkansas is a faith-based, non-profit corporation. It offers its services to troubled teenage boys and their families and does not discriminate on the basis of race, color, or national origin. If you need more information about Teen Challenge or if you have any questions, please do not hesitate to contact us at 479-848-3105. Office hours are Monday-Friday from 8:30-4:30 Central Standard Time.

### Choose Your Giving Option

Please, automatically debit my credit card each month.



\_\_\_\_ Visa



\_\_\_\_ Mastercard

\_\_\_\_\_  
(Card Number)

\_\_\_\_/\_\_\_\_\_  
(Expiration Date)

\_\_\_\_\_  
(Signature)

\*Please, automatically debit my Bank Account each month.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/St ate)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Routing Number)

\_\_\_\_\_  
(Account Number)

Type of Acct: \_\_\_\_ Checking \_\_\_\_ Savings

\_\_\_\_\_  
(Signature)

*\*Please attach a voided check*

I will be sending in my gift each month.

Please make your check out to:

**Teen Challenge**

PO Box 20

Morrow, AR 72749

***Thank you for your willingness to help troubled and hurting teenage boys.***