

# SPONSORSHIP FORM

METHOD OF PAYMENT

AMOUNT

PAID

CASH  CHEQUE   
CREDIT CARD

Y N

( )

\$

NAME OF SPONSOR

TELEPHONE NUMBER

ADDRESS

CITY

PROVINCE

POSTAL CODE

CREDIT CARD #

EXPIRY DATE

EMAIL ADDRESS

PLEASE ADD MY NAME TO THE MAILING LIST

SIGNATURE

\*\* A receipt for income tax purposes will be issued by Teen Challenge for donations of \$15 or more

## Adult & Teen Challenge - Freedom from Addiction starts here

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