Teen Challenge International
Pacific Northwest Centers

PO Box 609, 75 Tangent Street, Lebanon OR 97355

Credit Card / Check Processing Form

NAME: _____ PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

❑ I would like to donate to _____
(center supporting)

❑ My check is enclosed for $_____.

❑ Please charge my credit card.

CREDIT CARD TYPE: _____ CREDIT CARD #: _____

EXPIRATION DATE: _____ SIGNATURE: _____

We do not offer Electronic Bank Draft, but if you would like to contribute monthly, there is a service through your financial institution called “Bill Pay”. Your bank would be able to send a check to us monthly for any amount.

Submit Form to:

Teen Challenge Pacific NW Centers
Regional Office
PO Box 609
Lebanon OR 97355