



Dear Sponsor:

Teen Challenge of WNY has been helping to change the lives of men for over 30 years. Currently, _____ has applied to our program. It costs Teen Challenge **\$45 per day or a total of \$1200 per month to have a student in our program.** As part of the application process Students are required to secure sponsors to help offset this cost. We are asking that you would consider and be faithful to sponsoring this student on a monthly basis during the **four months** that he is here. A reminder letter will be sent out once a month along with a self addressed envelope for your convenience. Please fill out the form below and check the amount you would like to sponsor. All sponsored donations are tax deductible and you will receive a receipt.

Thank you for your support for our program and helping to change the life that you are sponsoring. If you have any questions concerning this letter please feel free to contact us at 716-855-0602.

Sincerely,

Rev. Russell Cambria
Director

Please fill out and return the form below:

Student Name: _____

Your Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone # : (____) _____ ext. _____

AMOUNT per month: \$50 \$75 \$100 \$250 Higher Amount \$ _____

Credit Card Donations: Card Type: (___ Visa) (___ MC) (___ Amex) (___ Discover)

Card Number: _____ Expiration date: _____ Security Code: _____

Name on Card: _____ Signature of Card Holder: _____

Mail form and make checks payable to: **Teen Challenge**
124 Locust St
Buffalo, NY 14204