

Teen Challenge of Missouri Boarding Academy

PO Box 80

Greenville, MO 63944

573-856-4966 FAX 573-856-4968

Pledge of Support Form

We would like to thank you for your support. Without your generosity, our child would not have the opportunity to receive this much needed help.

Student Name _____ Age _____

Parent/Guardian Name _____

I pledge my support for _____ in the amount of
Student Name

\$_____ per month for fifteen months or until their successful completion of the program or

\$_____ as a one time gift. Monthly support will begin on _____.

Date

I realize that the ability for _____ to continue in Teen Challenge of Missouri

Boarding Academy depends on my support. I therefore commit to making my pledge payment

on a timely basis. _____
Signature

Supporter Information:

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

email _____

On behalf of our child, once again we thank you for your generous support.