

**To Angwin Community Teen Center:** A Part of a Community Teen Alliance

Name \_\_\_\_\_ Email \_\_\_\_\_  
Please Print

Address \_\_\_\_\_ Phone \_\_\_\_\_

- Enclosed is my donation of \$ \_\_\_\_\_
- Bill my credit card \_\_\_\_\_ exp date \_\_\_\_\_ 3 digit code \_\_\_\_\_
- I pledge \$ \_\_\_\_\_ per month for 12 months.
- Sign my credit cards up for escrip where a percentage of my purchases at participating businesses will be sent to the Teen Center at no cost to me.  

<small>Card Type</small>	<small>Card Number</small>	<small>Exp. Date</small>
_____	_____	_____
- I will sign up for escrip on line at [www.escrip.com](http://www.escrip.com) using Angwin Community Teen Center and Group ID # 500003153.
- I wish to support the Teen Center with my time. Contact me.  
All donations are tax deductible Tax Identification # 13-4293407

With Vision, Passion, Resources and Dedication

Dreams Become Realities

Thank You So Much For Your Support