



**TEEN CHALLENGE
INTERNATIONAL**
NEVADA

www.teenchallenge.net
email: info@teenchallenge.net

Administrative Office

mailing address:
P.O. Box 24309
San Jose, CA 95154-4309
shipping address:
4608 Meridian Ave.
San Jose, CA 95124
(408) 445-0661
Fax: (408) 445-0651

SOUTHBAY

**Alum Rock Women
& Children's Center**

4601 Alum Rock Ave.
San Jose, CA 95127
(408) 272-4416
Fax: (408) 272-8729

Asbury Family Center

444 N. 26th St.
San Jose, CA 95116
(408) 293-2050
Fax: (408) 293-1984

Thrift Store

2127 S. Winchester Blvd.
Campbell, CA 95008
(408) 445-0661

EASTBAY

Oakland Men's Center

P.O. Box 5097
Oakland, CA 94605
(510) 562-1141
Fax: (510) 562-4035

Thrift Store

3437 Chestnut Ave.
Concord, CA 94518
(408) 339-3193

NORTHERN NEVADA

Reno Adolescent Center

P.O. Box 1136
Sparks NV 89432-1136
(775) 424-6777
Fax: (775) 424-3026

SOUTHERN NEVADA

Las Vegas Outreach

P.O. Box 13410
Las Vegas NV 89112
(702) 314-1300

REDWOOD

Men's Center

P.O. Box 2595
McKinleyville, CA 95519
(707) 268-0614
Fax: (707) 268-0612

Women's Center

1435 7th Street
Eureka, CA 95501
(707) 268-0614
(707) 268-0612

Dear Donor:

_____ has applied for entry into Teen Challenge, a 15-18 month program operated by Teen Challenge of Nevada, Inc.

Teen Challenge of Nevada, Inc. is operated as a Christian ministry, and is financed through voluntary contributions from board members, friends, churches and other individuals and organizations interested in our work with hurting teens.

Teen Challenge of Nevada depends upon the availability of enough donors to cover the normal operating expenses for each student accepted into the program. These expenses are estimated at \$2,200.00 per month, (\$73.00 per day) for each student enrolled.

All donations are tax deductible (with the exception of tuition due by parents or guardians). If you would like to help the above mentioned student, your donation will go into the general operating budget and will offset this particular students' tuition.

It is our goal to provide the highest quality rehabilitative environment for each of our enrolled students. You have been given this letter to provide you with an opportunity to make a difference in the lives of hurting youth. Should you wish to do so, please fill out the enclosed donation form and return it right away to the address given in the paragraph below. Please also indicate whether this will be a one time gift, or a monthly commitment for the duration of a particular student's program (see attached form).

All donations are to be sent to **Teen Challenge of Nevada Inc., (P.O. Box 1136 Sparks, NV 89432-1136)**, so that a valid tax receipt can be issued to the donor from our office. This money will go to the general operating expenses of Teen Challenge of Nevada, Inc. Funds sent by parents or legal guardians are not tax deductible. *Teen Challenge does not discriminate against any qualified person on the basis of age, sex, handicap, race, color, national or ethnic origin.*

Thank you for your kind consideration and investment in the life of this young person.

Sincerely,

Derek Johnson
Director

I understand the program at Teen Challenge of Nevada is designed to run from 12 to 18 months (depending upon the willingness of the student). I will commit to send in my monthly pledge regardless of the length of time that the student remains in the program.

Donor's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

I pledge monthly:

_____ 1 day @ \$73 _____ 2 days @ \$146 _____ 3 days @ \$219
_____ 4 days @ \$292 _____ 5 days @ \$365 _____ Full month @ \$2,200
_____ \$ _____ Other _____ \$ _____ One time donation

Student's Name (optional): _____ Date: _____

----- Cut along this line -----

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