



## Yes, I would like to Help Troubled Teens

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

I would like to \_\_\_\_\_

make a one time donation of  
 \$25    \$50    \$100    Other \_\_\_\_\_

send a monthly donation of  
 \$25    \$50    \$100    Other \_\_\_\_\_

donate property \_\_\_\_\_  
\_\_\_\_\_

Please make checks payable to Teens Recovery

Please add me to your mailing List

Please mail a complete form with your contributions to:

Teens Recovery  
P.O. Box 6471  
Oakland, CA 94603

*\*\* If you would like to donate property we will contact you shortly with all the details on this type of transaction*