



The Challenge Program, Inc.

SUPPORTING THE CHALLENGE

DATE: _____

1001 BROAD STREET, SUITE 210
JOHNSTOWN, PA 15906
(814) 533-7401

DONOR INFORMATION (PLEASE PRINT)

FULL NAME

ADDRESS 1

ADDRESS 2

CITY

STATE

ZIP

PHONE

FAX

EMAIL

WEBSITE

CONTRIBUTION

AMOUNT \$

PLEASE CHECK

- Yes**, I would like to have my name and/or my company name to appear on *The Challenge Program's* website.
- No**, I do not want my name and/or my company name to appear on *The Challenge Program's* website.
- I would like my business's website linked to *The Challenge Program's* website

Website: _____

Signature: _____

PAYMENT

Please make checks payable to *The Challenge Program*. To ensure proper credit of your gift, please return this form with your payment to:

The Challenge Program, Inc.
1001 Broad Street, Suite 210
Johnstown, PA 15906

**The Challenge Program* is recognized as a Non-Profit Organization 501(c)(3) of the Internal Revenue Code

Thank You!