



3445 S. Main Street, Akron, OH 44319-3028 | P: 330.644.4095 | F: 330.645.2031 | ibh.org

## Donation Form

### Step 1: Provide your information

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

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

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

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

I wish to remain anonymous.

### Step 2: Specify your donation

\$25    \$50    \$100    \$250    \$500    Other \$ \_\_\_\_\_

Please apply my gift to:

- Where the need is greatest
- After-care programs to help maintain sobriety after residential treatment
- Long-term and/or capital support through the IBH Foundation

(Optional) My/our gift is:

- In Memory of \_\_\_\_\_
- In Honor of \_\_\_\_\_

Please notify the family/individual by sending an acknowledgment to:

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

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

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

### Step 3: Payment Options

Enclosed is my tax deductible check payable to IBH Addiction Recovery.

Credit Card (circle one)   VISA   Mastercard   American Express   Discover Card

Name on card: \_\_\_\_\_

Account No.: \_\_\_\_\_

Exp. Date: \_\_\_\_\_   CCV/CVV code: \_\_\_\_\_

Phone: \_\_\_\_\_   Signature: \_\_\_\_\_

- My gift will be matched by or my spouse's company.
- I have included IBH Addiction Recovery in my will.
- Please contact me regarding information about gift planning.