



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 Address: _____

Daytime phone: _____ Evening phone: _____

Donors will be acknowledged in Reflections, the newsletter from IBH. ____ 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.
- 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 in my will.
- Please contact me regarding information about gift planning.