



AUTHENTIC  
INTIMACY

## Donation Form

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Please accept this donation to Authentic Intimacy. Below I have provided information for my gift:

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

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

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

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

Email: \_\_\_\_\_

**Type of Gift:**     One Time     Recurring (Monthly)     In Honor Of \_\_\_\_\_

**Amount of Gift:** \$ \_\_\_\_\_

**Payment Method:**

▪ For checks, please make them payable to Authentic Intimacy.

▪ For credit cards, please complete the following:

Type of Card:     Visa     Mastercard     American Express

Name of card: \_\_\_\_\_ Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (CVC): \_\_\_\_\_

**Where should we apply the gift:**

Where needed                       Other: \_\_\_\_\_

***Please mail this form to: Authentic Intimacy, 2926 State Rd, #129, Cuyahoga Falls, OH 44223***

YOUR GIFT IS A SACRED TRUST. We promise to honor your generosity by using your gift in the most effective way. Authentic Intimacy is a registered 501(c)(3) nonprofit organization. Your donation is tax deductible to the fullest extent allowed by law. Thank you!