



Donation Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime telephone: _____ Evening Telephone: _____

Email: _____ Fax: _____

Pay by:

Check, made out to Thongs for Him

Visa or Master Card Credit Card Number _____
Expiration Date: _____ CVC Code: _____

Donations made in honor of: _____

Donation made in memory of: _____

Please send this form along with your donation to:

Thongs for Him
809 Wheeler St., Suite 110-353
Ames, Iowa 50010-4367
info@thongsforhim.org

Thank you for your support.

Thongs for Him is a 501(c)(3) non-profit organization. All donations are tax-deductible to the full extent of the law.