



Health Assistance InterVention Education Network – Donation Form

I/we would like to support HAVEN and its mission.

Name: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Email: _____

This is how I would like my/our name(s) to appear in any donor recognition listings for which I/we may qualify: _____

I do not wish my/our name(s) to appear in donor listings.

Enclosed is my/our gift in the amount of:

\$ _____

(Please make checks payable to: HAVEN)

Please charge my Master Card Visa American Express Discover

Card # _____ Exp. Date ____/____/____

Signature: _____

I would like to make my/our gift:

In memory of: _____

In honor of: _____

Address to send acknowledgement of gift:

Please return form to: **HAVEN**
1210 Mill Street
East Berlin, CT 06023 or fax to: (860) 828-3192

The success of Health Assistance InterVention Education Network (HAVEN) and its ability to support health care professionals' health and wellbeing is centered on a partnership with those who support the services we provide to health care professionals. By donating to HAVEN, your contribution will be directly related to the following:

- Confidential support, consultation and monitoring for more than 30 disciplines of health care professionals in Connecticut.
- Development of resources for increasing referrals for substance abuse, mental health concerns, physical illness and expanding behavioral health services.
- Educational lectures throughout the state, available onsite upon request.
- Providing resources in response to professional inquiries and advancement of initiatives to support professional health.

HAVEN is a nonprofit 501(c)(3) charitable corporation.

Contributions to HAVEN are tax deductible to the extent provided by law.