



DONATION FORM

Please Print Clearly

Please print this form and mail to: Haven Development
4200 NW 90th Blvd.
Gainesville, FL 32606

1 Date: _____

Donor's Name: _____
Ms./Mrs./Mr./Dr. First Last M.I

For recognition, I (we) should be listed as: _____

Email Address: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

2 **Donation Options, Please Select Option A or B**

A. I would like to make a donation

Check/Cash/Securities \$ _____ Check Number: _____

B. I would like to make a Non-Cash Gift (*In-kind, Equipment, Service, etc.*) Estimated Value: \$ _____

Description: _____

Donor Preference: Item(s) to be sold Item (s) to be used by Haven

Note: Haven is under no obligation to maintain ownership of a donated item or property in perpetuity. Gifts valued at \$5,000 or more require appraisal, proof of ownership, and acceptance by the Haven President.

3 **Program Designated:**

- Greatest Needs (Unrestricted): Supports unfunded patient/family care programs and services.
 - Endowment Fund Other (*please specify*) _____
-

4 This donation is being made in lieu of flowers

This gift is given In memory of In honor of Name: _____
Please notify the following person of this gift:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Honor/Memorial: _____

5 If you'd like to donate via PayPal or credit card, please visit <http://beyourhaven.org/how-you-can-help/donate-now/>

Haven gratefully thanks you for your kindness and compassion. A copy of the registration and financial information of Haven, #59-2490893, may be obtained from the Division of Consumer Services by calling 1-800-435-7352. Registration does not imply endorsement, approval, or recommendation by the state. Zero percent of contributions donated are used to pay personal solicitors.
Serving advanced illness in Florida since 1979. Licensed as a not-for-profit since 1980.