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* = *required information*

Donation Amount* \$ _____

First Name* _____

Last Name* _____

Street Address* _____

City* _____

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I prefer to make my donation by:

____ Check or Money Order (made out to "Blessed Haven, Inc.")

____ Credit Card (please enter information below)

____ American Express ____ Discover ____ MasterCard ____ Visa

Credit Card Number _____ Exp. Date _____

Signature _____ Date _____

Please mail your gift to:

Blessed Haven, Inc.

Attn: Program Support

P.O. Box 86

Cheltenham, MD 20623

Thank you for your gift and support!