

## DONATION FORM

☐ Yes, I want to support students of the Spiritual Direction and Dream Worker courses offered by The Haden Institute.		
Name (as you want it lis	ted in donor records.)	
Street Address (Line 1)		
Street Address (Line 2)		
City	State	Zip
Email address (for dona	tion acknowledgement)	
Phone number (for ques	stions of clarification)	
My donation is in 🖵	honor 🗖 memory	
of		
☐ Enclosed is my ch	eck for \$	
☐ This is an undesig	nated donation	
☐ I designate my do	nation to fund a Haden Ir	nstitute Student in the:
Spiritual Dir	ection Course	
☐ Dream Worl	(er Course	
	MAIL COMPLETED Haden Foundatio C/O Mark Rite	on, Inc.

Haden Foundation, Inc. C/O Mark Ritchie 505 Timberlane Trail Salisbury, NC 28147-7808

## Thank you for your suppport!

Haden Foundation, Inc. is qualified as a charitable organization under Section 501(c)(3) of the Internal Revenue Code. Federal ID EIN # is 82-1000469. Contributions to Haden Foundation are tax-deductible to the extent permitted by law.