



Dear Friend;

Thank you for requesting BookAid from Hazelden.

The non-profit Hazelden Foundation was founded in 1949. Our mission is to help more people sustain lifelong recovery from addiction to alcohol and other drugs.

Hazelden recognizes that many excellent programs have been hard-hit financially by deep cuts in governmental and foundation aid. Weekly requests for assistance come from chemical dependency programs, schools and other educational institutions; from the criminal justice system and other governmental organizations, from churches, and from social services and non-profit organizations.

Our donors are responding to this need through generous personal contributions to support programs, which need materials but can no longer afford them. Over the past year, Hazelden donated almost 36,000 products worth more than \$550,000 to worthy organizations throughout the world.

With rising fuel costs, current donor funds may not be enough to meet the needs of all of the requests we receive [over 200 each week]. If you can contribute to the shipping of your package and “pay it forward” to another in-need organization such as yours, please send your donation to the address listed below.

**Hazelden BookAid
Development Office, BC 2
PO Box 11
Center City MN 55012-0011**

If you have any questions about the information requested in the attached form, feel free to contact me at your convenience.

Regards,

A handwritten signature in blue ink that reads "Jody Klescewski". The signature is stylized with large loops and a long horizontal stroke at the bottom.

Jody Klescewski
Hazelden BookAid
RW 4 PO Box 176 15251 Pleasant Valley Rd.
Center City, MN 55012-0176
Direct: 651.213.4731 Fax: 651.213.4476 jklescewski@Hazelden.org



Application for BookAid from Hazelden Foundation

Please tell us about you, your needs [be specific], and your organization.
More information is better; it will help us to accurately assess your needs.

Business Name:

Your Name:

Address:

City:

State:

Zip:

Phone Number:

Fax Number:

E-mail:

Employer Identification Number:

We are a(n) Non-profit 501(c)3 For profit business Other

Educational Organization

Criminal Justice

Treatment or Rehabilitation

Government Agency

Community Organization

Faith-Based Organization

Other: _____

What materials are you requesting? **Please be specific.**

[I.e. 12 Step Based, gender specific, youth only, faith based, families, etc.]

Why do you need this gift?

How will the materials be used?

Who will be served? How many people will benefit from this gift?

Signed _____ Date _____

Remember:

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