Dear Friend:

Thank you for requesting BookAid from the Hazelden Betty Ford Foundation.

The Hazelden Betty Ford Foundation is the nation’s largest nonprofit treatment provider. Its legacy began in 1949 and includes the 1982 founding of the Betty Ford Center.

A leader in the field of alcohol and other drug addiction since its beginning, the Hazelden Betty Ford Foundation also includes the nation’s largest recovery publishing house with resources that span the continuum of care—from prevention and intervention to treatment and recovery.

Our BookAid program offers many of these resources to people and organizations in need. With support from donors, we have been able to donate over 35,000 products worth more than $550,000 yearly since the inception of this program. However, we receive about 200 requests each week and many are left unfilled due to shipping costs. If you would like to help cover these costs and aid another organization in need, please send your donation to:

Hazelden Betty Ford BookAid
Treasury Services RW7
PO Box 11
Center City, MN 55012-0011

If you have any questions about the information requested in the form below, please feel free to contact me.

Create a grateful day,

Jody Klescewski

Hazelden Betty Ford BookAid RW9
PO Box 176
Center City, MN 55012-0176
651-213-4731
jklescewski@hazeldenbettyford.org
APPLICATION FOR BOOKAID

Please tell us about you, your needs, and your organization.

Organization Name: ________________________________________________________________

My organization is:

☐ Non-profit 501(c)3
☐ For profit
☐ Other

Your Name: ____________________________________________________________

☐ Educational Organization
☐ Treatment or Rehabilitation
☐ Community Organization
☐ Criminal Justice Facility
☐ Government Agency
☐ Faith-Based Organization
☐ Other

Address: ________________________________________________________________

City: __________________________________________________________________________

State: __________________ Zip: __________________________

Phone: __________________ Fax: __________________________

Email: ________________________________________________________________

Employer Identification Number (EIN): ________________________________

What type of materials are you interested in? 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 _____________________________

Thank you. Remember, if you can help pay your package’s shipping costs and “pay it forward” to another in-need organization such as yours, please send you donation to:

Hazelden Betty Ford BookAid
Treasury Services RW7
PO Box 11
Center City, MN 55012-00011