

Donation Form

Please complete information below to facilitate proper preparation of your tax receipt (please print clearly). For credit card donations, please call 203-363-4836 or go to <https://ihatoinstitute.org/donation>.

Today's Date: _____

Amount of Check: \$ _____ payable to In-Home Addiction Treatment Institute.

Donor Name: _____

Organization Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email (optional): _____

Telephone Number (optional): _____ Home Mobile

To make your gift in honor or in member of an individual or family, please complete below.

I would like my gift to be: In Honor Of In Memory Of

Honoree: _____

Acknowledge: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Information

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