



Please complete this form and mail to:  
Zero Abuse Project  
366 Jackson St., Suite 300  
St. Paul, MN, 55101

**Thank you for your generous gift to Zero Abuse Project and its programs. We are so grateful for your partnership to build a better world where every child is free from abuse.**

**Your Info:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code \_\_\_\_\_

**Gift Designation Area (check one):**

Greatest Need

Child Advocacy Studies (CAST)

General Operations

Jacob Wetterling Resource Center

Education and Research

**Gift Amount (Check one):**

\$25     \$250

\$50     \$500

\$100     \$1,000

Other Amount: \$ \_\_\_\_\_

**Gift Frequency (Check One):**

One-time     Monthly     Quarterly     Annually

**Gift Dedication:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Payment Type:**  Check (enclosed)     Credit Card (below)

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_

CVC Code \_\_\_\_\_

Billing Postal Code: \_\_\_\_\_

**Please do not send credit card information through the mail. You may fax this form to (612) 767-8585 or email to [accounting@zeroabuseproject.org](mailto:accounting@zeroabuseproject.org) if choosing to donate via credit card.**

Thank you!