



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
- General Operations
- Education and Research
- Jacob Wetterling Resource Center
- Survivor Support
- Zero Abuse Project A.I
- Policy
- Communications
- Child Advocacy Studies (CAST)

Gift Amount (Check one):

- \$11 \$100
- \$25 \$500
- \$50 \$1,000
- Other Amount: \$ _____

Gift Frequency (Check One):

- One-time Monthly

Gift Dedication: _____

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

Card Number: _____

Expiration date: ____/____

CVC Code _____

Billing Postal Code: _____

You may also fax this form to: (612) 767-8585