



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

Child Advocacy Studies (CAST)

Jacob Wetterling Resource Center

**Gift Amount (Check one):**

\$25       \$250

\$50       \$500

\$10       \$1,000

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

**Gift Frequency (Check One):**

One-time       Monthly

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

\_\_\_\_\_

\_\_\_\_\_

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