

Child Molestation Research & Prevention Institute

Early Diagnosis and Effective Treatment
childmolestationprevention.org

Donation Form

Please accept my/our gift of \$_____ to support the Child Molestation Research & Prevention Institute.

Name (please print)

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City

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Home Phone

E-mail Address

(We will not share any of your personal information with other parties.)

My company has a matching gift program. I will initiate the process to increase my gift.

This is a: Personal Gift. Please list my/our names as _____
in any print or web materials recognizing my/our gift.

Please note this is an anonymous gift.

Tribute Gift. Please recognize this gift in honor/memory of: _____

Honoree's address and phone: _____
(or family, if applicable)

Form of Payment:

My check is enclosed and payable to "Child Molestation Research & Prevention Institute" or "CMRPI."

Please charge my: Visa MasterCard

Card Number

3-Digit Security Code

Expiration Date

Signature

Date

I would like to set up an automatic payment program for my gift. Please automatically deduct the following amount from my credit card account according to the following schedule.

A. Amount
\$_____

B. Frequency
 per month
 per week

C. Timing
on _____
(day/date)

D. Duration
for _____ months/weeks

All gifts are tax-deductible to the fullest extent provided by law.

Please mail or fax your contribution to:

2515 Santa Clara Ave, Suite 104
Alameda, CA 94501
Fax: (510) 740-1413

Questions? Please call (510) 740-1410.
Thank you for supporting CMRPI.