

# 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)

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**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:**

274 14<sup>th</sup> Street  
Oakland, CA 94612  
Fax: (510) 808-0378

Questions? Please call (510) 808-0386.  
**Thank you for supporting CMRPI.**