

# 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

C. Timing

D. Duration

\$\_\_\_\_\_

per month

on \_\_\_\_\_

for \_\_\_\_\_ months/weeks

per week

(day/date)

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

**Please mail or fax your contribution to:**

2515 Santa Clara Ave, Suite 208  
Alameda, CA 94501  
Fax: (888) 614-1909

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