

# INNOCENCE PROJECT

Thank you for your generous support! Please mail this form along with your donation to:

## Development Department

Innocence Project  
40 Worth Street, Suite 701  
New York, NY 10013

### GIFT AMOUNT

\$2,500    \$1,000    \$500    \$250    \$100    \$50    Other \$ \_\_\_\_\_

I want to make this donation monthly — please charge this amount to my card every month.

### PAYMENT METHOD

Check (Payable to Innocence Project)

Visa    Mastercard    Discover    AmEx

CC # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

Name on card \_\_\_\_\_

### DONOR INFORMATION

Name(s) to be listed on the donation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Yes, please send me email updates about the Innocence Project.

### DONATIONS IN HONOR OR MEMORIAM

I want to make this donation  in honor of /  in memory of: \_\_\_\_\_

Please send honor/memory gift notification to: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### OTHER

My employer will match this gift and I have included the matching gift form from:  
\_\_\_\_\_

Please contact me about a gift of stock.

Please contact me about including the Innocence Project in my estate plans.

**For questions or to donate by phone, please call 212-364-5386.**

*The Innocence Project's Tax ID number is 32-0077563. All contributions are tax-deductible to the full extent of the law. The Innocence Project does not sell its donor information.*