



YES! I want to help the Innocence Project free the innocent

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

PAYMENT METHOD

Check - payable to the Innocence Project
 MasterCard Visa American Express Discover

Card# _____ Exp. ____/____

Name on card _____

Signature _____

NAME(S) AS YOU WOULD LIKE TO BE LISTED:

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Email _____

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

Please charge this amount to my credit card monthly

My employer will match this gift.

Please contact me about a gift of stock.

Please contact me about including the IP in my estate plans.

I WISH TO MAKE THIS GIFT:

in honor of in memory of

PLEASE SEND HONOR/MEMORY GIFT NOTIFICATION TO:

Name _____

Address _____

City _____ State _____ Zip _____

Innocence Project | 40 Worth Street, Suite 701 | New York, NY 10013 | 212-364-5976 | www.innocenceproject.org

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