

YES! I want to support the Innocence Project.

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

PAYMENT METHOD

Check - payable to the Innocence Project
 MasterCard Visa American Express Discover
 I would like to be a monthly sustaining supporter-please charge this amount to my card every month.

Card# _____

Exp. ____/____ CVV Code: _____ Name on card _____

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 MAIL THIS FORM ALONG WITH YOUR DONATION TO:

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

FOR QUESTIONS OR TO DONATE BY PHONE PLEASE CALL: 212-364-5976

All contributions are tax-deductible to the full extent of the law. The Innocence Project does not sell its donor information.

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 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 _____