**Contributions Form**

<table>
<thead>
<tr>
<th>Name*</th>
</tr>
</thead>
</table>
| Business Name  
(if corporate gift) |  
| Address* | City, State, ZIP*  
| Primary Phone* | Email*  

*Required field for acknowledgment purposes

1. Donation Amount: (Select one)
   - $10,000
   - $5,000
   - $2,500
   - $1,000
   - $500
   - $250
   - Other $_______

2. Method: (Select one)
   - Cash *(enclosed)*
   - Credit Card *(if selected, form on back must be filled out)*
   - Check *(enclosed - please make checks payable to RAINN)*
   - Stock *(a representative from RAINN will be in contact)*

3. Frequency: (Select one)
   - One time
   - Monthly
   - Pledge *(if selected, form on back must be filled out)*

4. Other options:
   - Anonymous: *(I/we wish to remain anonymous)*
   - Matching Gift: *Gift will be matched by:*
   - Planned Gift: *Please contact me/us about making an estate or planned gift.*
   - In Honor Of: *This gift is in honor of:*

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**Thank You for Your Support!**

**Mailing Address**
1220 L St NW, Suite 500  
Washington, DC 20005

**Contact Information**
855.352.8582  
development@rainn.org

**National Sexual Assault Hotline**
800.656.HOPE(4673)  
hotline.rainn.org

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The Rape, Abuse, and Incest National Network (RAINN) is a 501(c)(3) organization. Contributions made to RAINN (federal ID: 52-1886511) are charitable and tax-deductible. There is no minimum contribution amount.
### Credit Card Information

**Name on Card** *(please print)*: ____________________________________________________________

**Billing Address** *(if different from contact address)*:

____________________________________________________________________________________

____________________________________________________________________________________

<table>
<thead>
<tr>
<th>Card Type:</th>
<th>□ Visa</th>
<th>□ MasterCard</th>
<th>□ American Express</th>
</tr>
</thead>
<tbody>
<tr>
<td>Card Number:</td>
<td>_______________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>/ / CVV: ______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td>___________________________________________ Date: __________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Pledge Information (if pledge was selected in box #3)

*I/we pledge to make payments as follows: (a box must be checked)*

- □ Annually beginning in the month of ________________________________
- □ Semi-annually beginning ________________________________
- □ Quarterly beginning ________________________________

Would you like to receive pledge reminders?  □ Yes  □ No

- If you selected yes, how would you like to be reminded?  □ Email  □ Mail

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