MAIL-IN DONATION FORM



To make a donation by mail, please type or clearly print your information into this form, print it out and send with a check or money order payable to **Jacob Wetterling Resource Center**:

Jacob Wetterling Resource Center, 2021 East Hennepin Ave. Suite 360, Minneapolis, MN 55413

Your donation will help us provide personal safety information and education to children, families, and communities in Minnesota.

Please visit https://foundation.gundersenhealth.org/protectkids to make a donation online.

DONOR INFORMATION				
First Name:	Last Name:			
Company (if applicable):				
Address Line 1:				
Address Line 2:				
City:	9	State:	Zip Code:	
Country:				
Phone:				
Email:				
I would like to make a donation i	n memory o	or on behalf of	f:	
GIFT INFORMATION				
Donation Amount (check one):	\$2	:5	\$50	
	\$1	00	\$250	
	\$5	00	\$1000	
	Ot	Other Amount		
PAYMENT OPTIONS:				
Check/Money Order (please attacl	h to form)		
Credit Card	AMEX	Visa	Master Card	Discover
Credit Card Number:			Expiration Date (mm/yy):	

Cardholder Name:

Code: