RAPE ASSISTANCE AND RAAP AWARENESS PROGRAM

Complete this form and mail to:
Rape Assistance and Awareness Program
PO Box 18951
Denver, CO 80218-0951
FAX: 303.329.9964

Your donation to RAAP to deeply appreciated and is tax-deductible.

Donation Amount

☐ $1,000 ☐ $500 ☐ $100 ☐ $60 ☐ Other $_____

Frequency

☐ I want to make a one-time donation ☐ I want to make a recurring donation

☐ Monthly ☐ Quarterly ☐ Annually

Contact Information

Full Name: _____

Email Address: _____

Phone Number: _____

Billing Information

Address: _____

City: _____ ST: _____ ZIP: _____

Credit Card Information (if applicable)

Name on Card: _____

Type of Card

☐ Visa ☐ MasterCard ☐ American Express

Card Number: _____ Exp. Date: _____ Sec. Code: _____

Other Payment Method Information (if applicable)
Make Checks Payable to RAAP

☐ Check Enclosed

Additional Information

Did a RAAP Canvasser ask you to donate? What was their name?: _____

Contribute online at www.RAAP.org or by calling our offices at 303.329.9922, ext. 316