

My goal is to raise \$ _	Donation			
Donor Name and Addr				
First	MI	Last		\$
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Please make checks p	avable to	ZCente	r TOTAL	\$

1 Please tell us about yourself				
First Name	MI	Last Name		
Address		•		
Phone		Email		
Team Name				
☐ Yes! My company has a Matching Gift program. Form is attached.				

## 2 Please collect donations

YOU can help us reach our goal of \$50,000!

Please collect donations to support ZCenter's programs to provide comprehensive, professional support to survivors of sexual assault and abuse in their healing process, as well as education programs to prevent children and adults from sexual violence in the first place.

You can also create an online fundraising page by clicking the 5K link at ZCenter.org.

## 3 Return form and donations



from here to healing

Mail: ZCenter

4275 Old Grand Ave. Gurnee IL 60031

## Bring to Race to Zero 5K:

Sun., April 23, 2017 at 8 AM Independence Grove Libertyville IL

For more event details visit ZCenter.org, or call 847-244-1187.

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