

Name: _____ Date: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Fax: _____

Please check all that apply:

- I am interested in a Stop It Now! Minnesota training/presentation.
- I am interested in volunteering.
- I am interested in being added to your Quarterly E-Newsletter distribution email list (be sure to include your email address).
- I am interested in distributing your literature from my organization.

I would like the following materials sent to me: (up to 50 booklets total are free then \$.30/booklet)

- Qty ____ Do Children Sexually Abuse Other Children? (Booklet)
- Qty ____ Child Sexual Abuse: Facts About Abuse and Those Who Might Commit It (Booklet)
- Qty ____ Let's Talk:: Adults Talking to Adults About Child Sexual Abuse (Booklet)
- Qty ____ Stop It Now! Helpline (Brochure available in English & Spanish - please circle)
- Qty ____ 12 Questions Only You Can Answer (Self Assessment Brochure)
- Qty ____ Create a Family Safety Plan (Fact Sheet)
- Qty ____ Ad Posters, "Caught," "Child Pornography," & "Thinking" (please circle)

* Additional Fact Sheets are available at www.stopitnow.org/mn

<i>For office use only:</i>	CDB	DTDB	INV	SENT
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