

**MINNESOTA INDIAN WOMEN'S SEXUAL ASSAULT COALITION (MIWSAC)  
BARRETTE PROJECT – DONOR INFORMATION FORM**

The information you provide on this form will be used by the Minnesota Indian Women's Sexual Assault Coalition to document information about the Barrette Project, which honors sexual assault victims and survivors. *With your permission*, we will add information about donors to the printed information we display with the Barrette Project. Please include only non-confidential information about yourself. Please sign this form as a record of your contribution to the Minnesota Indian Women's Sexual Assault Coalition Barrette Project, and as an indication of your understanding of this contribution and purpose of this project.

Name \_\_\_\_\_

\_\_\_\_\_ I wish to remain anonymous in public informational materials.

\_\_\_\_\_ I wish to remain completely anonymous.

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tribal affiliation \_\_\_\_\_

Email address \_\_\_\_\_

***Note: Phone, address, and email will NOT be printed on any Barrette Project materials and are requested solely for MIWSAC records.***

Group affiliation, if any (ex-sexual assault program, arts org., etc.) \_\_\_\_\_

Please type or clearly print the story, free-style poem, poem, or any words you would like to share for the Barrette Project. Stories should be no longer than half a written/type-written page. Use additional paper if necessary.

Please describe your personal interest in donating to the Barrette Project. We will include this information as part of the Barrette Project display *with your permission*. Please do not include confidential information about any woman, child, or perpetrator. Use the back of this page and additional paper if necessary.

***Only if comfortable, please provide the following information so that actual numbers can be known.***

Name (or made up name) of the sexual assault victim/survivor I wish to honor \_\_\_\_\_

Age \_\_\_\_\_ Year of the assault \_\_\_\_\_ Type of sexual assault \_\_\_\_\_

Perpetrator (relative, acquaintance, etc. – do not include the name) \_\_\_\_\_

Race of perpetrator \_\_\_\_\_ Community where assault occurred \_\_\_\_\_

I, \_\_\_\_\_, do voluntarily offer to donate a barrette, a story, or both for the Barrette Project to honor a woman or child who was a victim of sexual violence to MIWSAC to be used for public exhibit.

**Please sign this form, copy for your records, and mail your story, this form, and the barrette(s) to:**

**Minnesota Indian Women's Sexual Assault Coalition  
1619 Dayton Ave. Suite 303  
St. Paul, MN. 55104  
FAX: 651-646-4798**

**If you have questions, please call Nicole Matthews or Cristine Davidson at 651-646-4800.**