



## Donation Form

*This printable form is available for supporters who would like to donate via check, money order, or credit card.*

Donation Amount \$ \_\_\_\_\_

Chapter (Circle One):    **Central Valley**    **Greater Sacramento**    **Greater San Francisco Bay**    **Los Angeles**    **San Diego**  
   **Inland Empire and Desert Cities**                    **Orange County**

**Make Checks Payable to American Foundation for Suicide Prevention (AFSP)**

(Please do not staple checks to this form)

Donor Name (First & Last) \_\_\_\_\_

Street Address \_\_\_\_\_

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

E-mail\* \_\_\_\_\_

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

Check # \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Amex \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV # \_\_\_\_\_

Signature \_\_\_\_\_

*\*An electronic receipt is automatically generated for all donations and sent to the email address provided. The IRS will accept a canceled check as a receipt for all donations under \$250. Donations of \$250 and above will receive a written acknowledgment letter to the address provided.*

**Thank You for Your Contribution!**

**Mail this form and your check (please do not send cash) to:**

**American Foundation for Suicide Prevention (AFSP)**

**Attn: Data Entry**

**199 Water Street, 11<sup>th</sup> Floor**

**New York, NY 10038**