

## **OFFLINE DONATION FORM**

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

Donation Amount \$		
Chapter		
Make Checks Pa	yable to American Foundation for Sui	cide Prevention (AFSP)
Donor Name (FIRST & LAST)		
	State	
E-mail*		
Home phone	Work Phone	
If your donation is in m	nemory or honor of someone please f	ill out the below information
Donation is in memory of		
Donation is in honor of		
An acknowledgement card should b	oe sent to	
Street Address		
	State	
Donor name(s) that should appear	on acknowledgement card	
If your donation is to be a	attributed to a Memorial Fund, please	e fill out the below information
Name of Memorial Fund		
Name of individual that created the	Memorial Fund	

**Thank You for Your Contribution** 

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

American Foundation for Suicide Prevention (AFSP)
ATTN: Michael Swyer
199 Water Street, 11th Floor
New York, NY 10038