



**Fill out the information to donate by check to Ohio Suicide Prevention Foundation (OSPF). *Your contribution supports suicide prevention work **and** save lives in Ohio!***

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Donation Amount:** \_\_\_\_\_

**My check or money order payable to the Ohio Suicide Prevention Foundation is enclosed. All contributions are tax deductible.**

**Mail Checks To:**

Ohio Suicide Prevention Foundation  
1225 Dublin Rd., Suite 125  
Columbus, OH 43215

**Commemorative Gifts:** check where appropriate & list name(s) below.

\_\_\_\_ In Memory of    \_\_\_\_ In Honor of    \_\_\_\_ Honoree    \_\_\_\_ Other (please describe)

**Name:** \_\_\_\_\_

**Mail Notification to:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Check any below which apply:**

*I am interested in...*

\_\_\_\_ Discussing Major Gift/Ongoing Support Options

\_\_\_\_ Joining the OSPF Email List-Serve

\_\_\_\_ Volunteering with OSPF