



Fill out the information to donate by check to Ohio Suicide Prevention Foundation (OSPF). *Your contribution supports suicide prevention work **and saves 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
2323 W. 5th Ave. Suite 160
Columbus, OH 43204

Complete Portion Below this line IF APPLICABLE:

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