

I want to save lives in Ohio.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone*: (____) _____ E-mail: _____

* Required if interested in volunteer opportunities and receiving our newsletter.

I am interested in: Discussing Major Gift/Ongoing Support Options Joining the Speakers Bureau
 A Speakers Bureau or Gatekeeper Training/Suicide Prevention Training Volunteering

Donating: \$2,500 \$1,500 \$1,000 \$500 \$100 \$50 \$25 Other _____

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

Please check to see if my company has a match. My company is _____.

Commemorative gifts: In memory of: _____

In honor of: _____

Other: _____

Honoree: _____

Mail notification to: _____

Address: _____

City: _____ State: _____ Zip: _____

All memorial and honorary gifts are promptly acknowledged. The amount of the gift is kept confidential.



Mail to:
Ohio Suicide Prevention Foundation
325 Stillman Hall, 1947 College Rd
Columbus, OH 43210