Donation Form

Please mail this form with your donation to:
American Foundation for Suicide Prevention
6999 Paysphere Circle
Chicago, IL 60674

We cannot accept cash. Send only one check per donation form. Fed Ex or other courier deliveries cannot be accepted at this address. Use U.S. Mail only or donate online at www.TheOvernight.org.

Out of the DARKNESS Overnight | AFSP

For Official Use Only

Supporter ID:
Event ID:

Name of Participant You're Sponsoring **Supporter ID**

Instructions

Please fill out this form completely and legibly to avoid processing delays. A donation form must accompany each donation check. Sorry, we cannot accept cash donations. All donations are non-refundable and non-transferable. All donations are tax deductible to the extent allowed by law. Donors who provide an email address will receive a receipt via email, regardless of the donation amount. Donors who do not provide an email address will receive a receipt in the mail for donations of $250 or more, or upon request.

1 Print Your Name Clearly

First Name Last Name

Company Name (for business donations only)

Mailing Address Suite/Apt. No.

Zip City State

( )

Phone (Mandatory for Credit and Debit Payments) Email Address

Matching Gifts

Many companies provide their employees with matching gifts. Just mail your employer's matching gift form to:

Matching Gifts - Out of the Darkness Overnight
c/o American Foundation for Suicide Prevention
120 Wall Street
22nd Floor
New York, NY 10005

2 Choose Your Level of Donation

Honorary Walker $1,000
❑ Paid in Full
❑ 4 Monthly Payments of $250

Hero $750
❑ Paid in Full
❑ 4 Monthly Payments of $187.50

Inspiration $500
❑ Paid in Full
❑ 4 Monthly Payments of $125

Hope $250
❑ Paid in Full
❑ 4 Monthly Payments of $62.50

Supporter $150
❑ Paid in Full
❑ 4 Monthly Payments of $37.50

Friend $75
❑ Paid in Full

Choose Your Own Amount

❑ $_____
(Single Payment in Full)

❑ $_____

Paid in _____ Monthly Payments of $_____
(Monthly payments must be $25 or higher and cannot extend beyond 4 months. Credit Card only.)

3 Two Easy Payment Options

A. Personal Check (Monthly Payments Cannot be Made by Check)
Please make your check payable to AFSP or American Foundation for Suicide Prevention.

Please include participant name and Supporter ID on all checks. All donations will be credited in U.S. dollars.
We cannot accept cash, foreign checks or foreign credit cards. Donations are non-refundable and non-transferable.

B. Credit Card (Single Payment or Monthly Payments) **Visa** **MasterCard** **American Express** **Discover Card**

Account # **Exp. Date**

Payments commence immediately upon processing of this form.
All donations will be charged in U.S. dollars. Donations are non-refundable and non-transferable.

Net proceeds will benefit the American Foundation for Suicide Prevention, to fund research, education and awareness programs – both to prevent suicide and to assist those affected by suicide.

To register, or for more information about the Out of the Darkness Overnight, call 888-The-Overnight (888-843-6837) or visit www.TheOvernight.org.

Signature **Date**

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