



**American
Foundation
for Suicide
Prevention**



Page ___ of ___

Name (First & Last): _____

Email: _____

Walk City/State: _____

Team Name: _____

Itemized Donation Form

(Minors must have this form signed by a parent or guardian)

Parent/Guardian **X**

Make Checks Payable to:

American Foundation for Suicide Prevention (AFSP)

	<i>DONOR NAME</i>	<i>EMAIL ADDRESS</i>	<i>DONATION AMOUNT</i>	<i>COLLECTED</i>
1	EXAMPLE: JOHN DOE	JOHNDOE@EMAIL.COM	25.00	✓
2	<i>YOUR OWN DONATION</i>			
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
TOTAL TURNED IN TODAY			\$	

An electronic receipt is automatically generated for **all donations and sent to the email address provided. The IRS will accept a canceled check as a receipt for all donations under \$250. Donations of \$250 and above will receive a written acknowledgment to the address provided.*

If mailing multiple donations, you can send this form with your checks (please do not send cash) to:

American Foundation for Suicide Prevention (AFSP), Attn: OOTD Walks
199 Water Street, 11th Floor, New York, NY 10038

Due to the high volume of donations AFSP receives both in the mail and on the day of the walks, please allow 2-3 weeks from the date that the donation is received to post to your account. If you do not see your donation within this time frame, please email DataEntry@afsp.org.

Thank You for Your Support!