



**YES! I would like to support the Elkhart County Suicide Prevention Coalition.** Attached is my tax-deductible gift of \$\_\_\_\_\_

**Return this form with your payment to:** Elkhart County Suicide Prevention Coalition, 608 Oakland Ave., Elkhart, IN 46516. **Please make checks payable to Elkhart County Suicide Prevention Coalition.**

**Full Name** \_\_\_\_\_

**Business** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Donations as Memorials and Honorariums**

*Memorials and Honorariums may be made to the Coalition and a note card will be sent to the family of the deceased or to the recipient you are honoring acknowledging your tax-deductible donation.*

**YES! I would like to support the Elkhart County Suicide Prevention Coalition.** Attached is my tax-deductible gift of \$\_\_\_\_\_ made  **In Memory of** /  **in Honor of** \_\_\_\_\_

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**Mail notification of this gift to:**

**Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**FROM:**

**Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_