

# ISP



Yes, I want to save a life!

Please accept my donation of the following: (circle one)

A one time donation of: \$10    \$25    \$50    \$75    \$100    \$200    \$500

Monthly commitment to provide Emergency Crisis Post-Suicide family support.

**\$2,000** (*Starfish*) one family a month.

**\$10,000** (*Shark*) five families a month.

**\$24,000** (*Whale*) One family a month for a year,  
or 12 families a month.

Other amount: \$ \_\_\_\_\_

**Please mail to:**

**ISP (*Intl. Suicide Prevention*)**

1736 E. Charleston Blvd., #301

Las Vegas, NV 89104

In Memory of \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Notes

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