



**American  
Foundation  
for Suicide  
Prevention**



## 2018 Washington, D.C. Out of the Darkness Community Walk Resource Fair Exhibitor Application Form

Saturday, October 20<sup>th</sup> – Lincoln Memorial – [afsp.org/dc](http://afsp.org/dc)

Organization Name \_\_\_\_\_

Contact Name(s) \_\_\_\_\_

Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

501(c)(3) Number \_\_\_\_\_

**Participation Type:**

- NON-PROFIT       GENERAL

*\*While there is no required fee for accepted exhibitors, we do ask for a suggested gift of \$250*

**Gift Method #1: We will provide payment at this time**

Need an invoice? Email [eshannon@afsp.org](mailto:eshannon@afsp.org)

Payment enclosed. Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ payable to AFSP.

Please charge my credit card in the amount of \$ \_\_\_\_\_.

\_\_\_\_\_ American Express    \_\_\_\_\_ MasterCard    \_\_\_\_\_ Visa

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Gift Method #2: We will form a Walk Team and fundraise**

Visit [afsp.org/dc](http://afsp.org/dc) to register for the walk

Team Name (must match organization name): \_\_\_\_\_ Date Registered: \_\_\_\_\_

**Please return your completed form & payment to:**

Ellen Shannon at AFSP NCAC · PO Box 3467 · Fairfax, VA 22038

or email it to [eshannon@afsp.org](mailto:eshannon@afsp.org)

**Deadline for Submission: 5:00 PM on Friday, October 12<sup>th</sup>**