

# WITH US

TO PREVENT SUICIDE

Out of the Darkness<sup>™</sup> Community Walks: Sponsorship Opportunities

Capital Region NY Chapter Fall 2024



# Become a Capital Region NY Community Walk Sponsor





Today, support for mental health is needed more than ever and we are asking you to join us in the movement to prevent suicide. With your help, the Capital Region NY Chapter will be able to maximize our mission impact by reaching and serving more people through our lifesaving programs and resources.

### Why Support the Capital Region NY Chapter

Suicide is the 12<sup>th</sup> leading cause of death in the Unites States, and the suicide rate continues to rise. Promising news is that a 2022 <u>Harris Poll</u> revealed that 75% of adults in the U.S. believe it is more important than ever to make suicide prevention a national priority. Your support will help bring <u>our work</u> to our local communities, while showing your customers and employees that you care about mental health and preventing suicide. YOU can help us create a culture that is smart about mental health.

### Join Us in the Movement to Prevent Suicide

To recognize your support, we have developed a variety of options to elevate your brand awareness and align your business with an important cause. For information about sponsor levels and benefits, please see the enclosed **Sponsor Benefits** and **Sponsor Agreement**. We are happy to work with you to meet your specific sponsorship needs.

Thank you for your consideration. We look forward to partnering with you to save lives!

For more information, please contact:

Missy Stolfi Area Director mstolfi@afsp.org 518-791-1544

Dan Egan Board Chair degan@albany.edu 518-376-0101



Capital Region NY Events Fall 2024
------------------------------------

North Country Walk 9/15

**Olympic Oval Lake Placid, NY** 

Capital Region Walk for R.I.T.A. 9/22

Orenda Pavilion Saratoga Springs, NY

Schenectady Walk 10/6

Central Park Schenectady, NY

Columbia Greene Walk 10/13

Henry Hudson Park Hudson, NY





# Presenting Sponsor \$20,000

### **Marketing Benefits:**

- Sponsor benefits at all 4 Chapter Walks.
- Sponsorship of chapter-wide presentation of AFSP educational program
  - o (e.g. Talk Saves Lives, L.E.T.S. Save Lives, or Its Real Teens and Mental Health).
- Company logo included on Save the Date postcard.
- Complimentary table/ticket/invite to spring chapter event in 2024 or 2025.
- Prominent listing in Weekly Walk e-blast.
- Listing in AFSP Capital Region NY Chapter's Monthly Newsletter.
- Thank you posts on Capital Region NY Instagram and Facebook.
- Company logo with link to Company's website on Walk page.
- Dedicated press release announcing partnership.
- Recognition in post Walk Thank You email.

- Benefits at all 4 Chapter Walks
- Recognition during opening ceremony.
- Speaking opportunity during Walk's opening ceremony.
- Ribbon cutting (or equivalent) opportunity at start of Walk.
- Logo signage on walk route.
- Walk Team area with provided company banner.
- Opportunity to have an informational table.
- Logo on Sponsor banner.
  - o Deadline to receive this benefit 2 Weeks prior to earliest walk.
- Logo on Walk t-shirt.
  - o Deadline to receive this benefit 1 Month prior to earliest walk.
- Up to 50 complimentary walk shirts from walk of your choice.

# Champion Sponsor \$10,000

### **Marketing Benefits:**

- Sponsor benefits at choice of 2 Chapter Walks.
- Sponsorship of chapter-wide presentation of AFSP educational program (e.g. Talk Saves Lives, L.E.T.S. Save Lives, or Its Real Teens and Mental Health).
- Prominent listing in Weekly Walk e-blast.
- Listing in AFSP Capital Region NY Chapter's Monthly Newsletter.
- Thank you posts on Capital Region NY Instagram and Facebook.
- Company logo with link to Company's website on Walk page.
- Dedicated press release announcing partnership.
- Recognition in post Walk Thank You email.

- Benefits at choice of 2 Chapter Walks
- Recognition during opening ceremony.
- Speaking opportunity during Walk's opening ceremony.
- Logo signage on walk route.
- Walk Team area with provided company banner.
- Opportunity to have an informational table.
- Logo on Sponsor banner.
  - o Deadline to receive this benefit 2 Weeks prior to earliest walk.
- Logo on Walk t-shirt.
  - o Deadline to receive this benefit 1 Month prior to earliest walk.
- Up to 25 complimentary walk shirts from walk of your choice.

# Hope Sponsor \$5,000

### **Marketing Benefits:**

- Sponsor benefits at choice of 1 Chapter Walk.
- Prominent listing in Weekly Walk e-blast.
- Listing in AFSP Capital Region NY Chapter's Monthly Newsletter.
- Thank you posts on Capital Region NY Instagram and Facebook.
- Company logo with link to Company's website on Walk page.
- Recognition in post Walk Thank You email.

- Benefits at choice of 1 Chapter Walk.
- Recognition during opening ceremony.
- Speaking opportunity during Walk's opening ceremony.
- Opportunity to have an informational table.
- Logo signage on walk route.
- Logo on Sponsor banner.
  - o Deadline to receive this benefit 2 Weeks prior to earliest walk.
- Logo on Walk t-shirt.
  - o Deadline to receive this benefit 1 Month prior to earliest walk.
- Up to 20 complimentary walk shirts from walk of your choice.

# Support Sponsor \$2,500

### **Marketing Benefits:**

- Sponsor benefits at choice of 1 Chapter Walk.
- Listing in AFSP Capital Region NY Chapter's Monthly Newsletter.
- Thank you posts on Capital Region NY Instagram and Facebook.
- Company logo with link to Company's website on Walk page.
- Recognition in post Walk Thank You email.

- Benefits at choice of 1 Chapter Walk.
- Recognition during opening ceremony.
- Opportunity to have an informational table.
- Logo signage on walk route.
- Logo on Sponsor banner.
  - o Deadline to receive this benefit 2 Weeks prior to earliest walk.
- Logo on Walk t-shirt.
  - o Deadline to receive this benefit 1 Month prior to earliest walk.
- Up to 15 complimentary walk shirts from walk of your choice.

# Advocate Sponsor \$1,000

### **Marketing Benefits:**

- Sponsor benefits at choice of 1 Chapter Walk.
- Listing in AFSP Capital Region NY Chapter's Monthly Newsletter.
- Thank you posts on Capital Region NY Instagram and Facebook.
- Company logo with link to Company's website on Walk page.

- Benefits at choice of 1 Chapter Walk.
- Recognition during opening ceremony.
- Opportunity to have an informational table.
- Logo signage on walk route.
- Logo on Sponsor banner.
  - o Deadline to receive this benefit 2 Weeks prior to earliest walk.
- Logo on Walk t-shirt.
  - Deadline to receive this benefit 1 Month prior to earliest walk.
- Up to 10 complimentary walk shirts from walk of your choice.

# **Prevention Sponsor \$500**

### **Marketing Benefits:**

- Sponsor benefits at choice of 1 Chapter Walk.
- Listing in AFSP Capital Region NY Chapter's Monthly Newsletter.
- Thank you posts on Capital Region NY Instagram and Facebook.

- Benefits at choice of 1 Chapter Walk.
- Recognition during opening ceremony.
- Logo signage on walk route.
- Logo on Sponsor banner.
  - o Deadline to receive this benefit 2 Weeks prior to earliest walk.
- Logo on Walk t-shirt.
  - o Deadline to receive this benefit 1 Month prior to earliest walk.
- Up to 10 complimentary walk shirts from walk of your choice.

# A la carte Benefits

The benefits listed below are completely separate from the benefit table above. The amounts are only for the benefit listed.



Photo Giveaway Sponsor - \$1,500 - limit to 1 sponsor Capital Region Walk for R.I.T.A. only

Sponsor logo will appear on all team photos printed at the event

**Start Line Sponsor - \$500 – limit to 2 sponsors** 

Starting area will display signage saying "Sponsored by"

Photobooth Area Sponsor - \$300 - limit to 4 sponsors

Photobooth area will say "Sponsored by"

**Kindness Sponsor - \$250** 

Company logo on Walk Shirt & Logo sign displayed on Walk Route

Sign Sponsor - \$150

Logo sign displayed on Walk Route

## **SPONSOR AGREEMENT**

### Select Walk(s) to sponsor below

Capital Region Walk for R.I.T.A. - Saratoga Springs North Country Walk - Lake Placid Columbia-Greene Walk Schenectady Walk

This form, logo upload (if applicable), and payments can be completed online through the payment method links below.

Advocate Sponsor | Donate \$1,000 Lifesaver Sponsor | Donate \$20,000 **Prevention Sponsor | Donate \$500** Champion Sponsor | Donate \$10,000 Hope Sponsor | Donate \$5,000 Ala Carte Option\_\_\_\_ | Donate\_\_\_\_ **Support Sponsor | Donate \$2,500 Payment Methods** □ Invoice Needed Request an invoice and upload your logo (if your sponsorship level includes a logo) at afsp.org/invoicerequest □ Check Fill out form online and upload your logo (if your sponsorship level requires a logo) at afsp.org/checksponsor • Make Payable to: American Foundation for Suicide Prevention or AFSP • Mail check with this or online form to: AFSP, Attn: OOTD Walks, 199 Water Street, 11th Floor, New York, NY 10038 ☐ Credit Card • To make a secure credit card payment, complete this form electronically and upload your logo (if your sponsorship level requires a logo) go to afsp.org/ccsponsor Logo Instructions: T-shirt: Vector files (EPS, PS, PDF) to ensure logo integrity. Website: Stacked logos appear best (max width 80px) and image files only (JPEG, PNG). Logo is due by minimum of 4 weeks prior to selected walk(s) Complete the Information Below If Sending a Check or Instructed to Do So by AFSP Contact (Please Print) Company Name: City: Zip Code: Contact Name: Phone (with Area Code):

I hereby authorize the American Foundation for Suicide Prevention and Out of the Darkness Walks to include our corporate name and/or logo on all "Out of the Darkness" materials consistent with our sponsorship selection and publication dates.

Email: Company Website:

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tax ID and financials at: <a href="https://www.afsp.org/financials">www.afsp.org/financials</a>.

# IN-KIND DONATION FORM

Select Walk(s) to sponsor below

Capital Region Walk for R.I.T.A. - Saratoga Springs North Country Walk - Lake Placid

Columbia-Greene Walk Schenectady Walk

You may go to afsp.org/inkindsponsor to complete the information below online and/or upload your logo (if applicable)

Please Type or Print Legibly

<u>Donor Information</u>	<u>1</u>			
Donor Name:				
Mailing Address:				
City:	State:	Zip:	Website:	
Contact Name:			Contact Title:	
Contact Email:			Contact Phone:	
Gift Information				
ltem(s)/Services Donat	ed:			
Description:				
Fair-Market Cash Value:	\$			
* Donations may qualify	for Sponsor B	Benefits		

### **Additional Options**

☐ If my gift qualifies I wish to receive Sponsor Benefits

### Processing Instructions & Important Deadlines

- In-Kind Gift Delivery: Please contact capitalregionny@afsp.org to coordinate delivery
- Sponsor Deadline: 9/1/2024 Email signed agreement & logo to capitalregionny@afsp.org
- Sponsor T-Shirt Deadline: 9/1/24 or 4 weeks prior to selected walk

IRS/Tax Deduction Information: AFSP will provide the donor with an acknowledgment letter after the delivery and/or provision of the in-kind gift. This receipt can reflect a dollar value for the in-kind gift as communicated to AFSP by the donor using this form. Any transfer documentation that will help to describe and evaluate the gift in-kind will be appreciated. The donor assumes all other responsibilities relating to the tax deductibility of this contribution. The donor should consult professional advisors regarding any tax reporting requirements.

TAX ID# 13-3393329

Thank You for Your Support!



### **Request for Taxpayer Identification Number and Certification**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank			-					
	American Foundation for Suicide Prevention								
	2 Business name/disregarded entity name, if different from above								
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check or following seven boxes.  Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	lly <b>one</b> of the	4 Exemp certain er instructio	itities, no ns on pa	ot indivi ge 3):	duals			
tion	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)	•							
Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)  Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner.  Exempt payee code (if an exempt payee code (i									
eci	Other (see instructions) Nonprofit corporation exempt under IRS Code section 5	01(c)(3)	(Applies to ac	counts mair	ntained ou	tside th	ne U.S.)		
	5 Address (number, street, and apt. or suite no.) See instructions Requ		and address (optional)						
See	199 Water Street, FL 11								
0)	6 City, state, and ZIP code								
	New York, NY 10038								
	7 List account number(s) here (optional)								
Pai	Taxpayer Identification Number (TIN)								
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	Social sec	urity num	ber					
reside entitie	up withholding. For individuals, this is generally your social security number (SSN). However, for a cent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>		_	_	-				
TIN, later.  Or  Nate: If the account is in more than one name account in instructions for line 1. Also see What Name and Figures.				ion num	hor				
	: If the account is in more than one name, see the instructions for line 1. Also see What Name and per To Give the Requester for quidelines on whose number to enter.	Employer	Employer identification number						
IVAITIL	de 10 dive the riequester for guidelines on whose number to enter.	1 3	3 3	9 3	3 2	2 9	9		
Par	t Certification		•			•			
Unde	r penalties of perjury, I certify that:								
2. I ar	e number shown on this form is my correct taxpayer identification number (or I am waiting for a nun n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I hav rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or divi	e not been r	otified by	the Inte					

- no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments

	interest and dividenc	is, you are not required to sign the certification, but yo	number provide your correct TIN. See the instructions for Part II, later.
Sign Here	Signature of U.S. person ►	154	<sub>Date</sub> ▶ 05/13/2021

### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,