Out of the Darkness Community Walks Sponsorship Opportunities



October 26th, 2024 10:00 a.m. Veterans Memorial Park Sierra Vista



afsp.org/sierravista

Become a Sierra Vista Community Walk Sponsor





You can be a hero in the fight against suicide.

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 Arizona Chapter will be able to maximize our mission impact by reaching and serving more people through our lifesaving programs and resources.

Why Support the Sierra Vista Walk?

- We have a strong and resilient community that's united in our effort to fight suicide, raise awareness, educate our communities, support those who have lost loved ones, and support those with lived experience.
- Mental health and suicide prevention are more important than ever, and we're confident that with your help, we can reach more people than ever before.
- Suicide is one of the leading causes of death for most age groups. Suicide is preventable. Mental health affects everyone, and it's going to take everyone's help to fight suicide.
- Suicide is the 11th leading cause of death in the United States, and the suicide rate continues to rise.

We need your support!

The American Foundation for Suicide Prevention (AFSP) leads the fight against suicide. The funds we raise will allow us to fund innovative research, create and implement educational programs, advocate for public policy, and support local initiatives for suicide loss survivors.

We look forward to discussing our chapter engagement opportunities and benefits with you in more detail.

For more information, please contact:

Ashley R Harper Sierra Vista Walk Chair 520-678-7981 ashley.r.harper@gmail.com

Together, we're leading the fight against suicide.

Since 1987, the American Foundation for Suicide Prevention (AFSP) has grown from a grassroots network of researchers and volunteers into a national movement with chapters in all 50 states.

AFSP is also the largest private funder of suicide prevention research, and because we've built the infrastructure to deliver evidence-based programs to local communities across the country, our work impacts millions of people. We are consistently ranked one of the best charities for mental health, and we're powered by everyday heroes like you!



seek help.

Presenting Sponsor \$12,500

Marketing Benefits:

- Sponsorship of chapter-wide presentation of AFSP educational program (e.g. Talk Saves Lives).
- Prominent listing in Walk e-blast.
- · Listing in AFSP Arizona Chapter e-Newsletter.
- Thank you posts on Arizona Chapter Instagram and Facebook.
- Company logo with link to Company's website on Walk page.
- Company logo on promotional items (i.e., posters, flyers, yard signs, etc).
- · Designated press release announcing partnership.
- · Recognition in post Walk Thank You email.

- Recognition by emcee on Walk Day.
- · Company logo included on Walk Day signage.
- Speaking opportunity during Walk's opening ceremony.
- Ribbon cutting/Announcement (or equivalent) opportunity at start of Walk.
- Promotional tent OR activity area sponsorship (e.g., Family Activity sponsored by your logo/name).
- · Logo on Sponsor banner
- Deadline to receive this benefit 10/04/24
- Logo on Walk t-shirt
 - Deadline to receive this benefit 09/27/24

Champion Sponsor \$10,000

Marketing Benefits:

- Prominent listing in Walk e-blast.
- Listing in AFSP Arizona Chapter e-Newsletter.
- Thank you posts on Arizona Chapter Instagram and Facebook.
- Company logo with link to Company's website on Walk page.
- Company logo on promotional items i.e. posters, flyers, yard signs, etc.
- Recognition in post Walk Thank You email.

- Recognition by emcee on Walk day.
- Company logo included on Walk day signage.
- Opportunity for Team to lead the start of Walk.
- Promotional tent OR activity area sponsorship (e.g. Family Activity sponsored by your logo/name)
- Company logo on Sponsor banner
 - Deadline to receive this benefit 10/04/24
- Company logo on Walk t-shirt
 - Deadline to receive this benefit 09/27/24

Hope Sponsor \$7500

Marketing Benefits:

- Listing in AFSP Arizona Chapter e-Newsletter.
- Thank you posts on Arizona Chapter Instagram and Facebook.
- Company logo with link to Company's website on Walk page.
- Company logo on promotional items i.e. posters, flyers, yard signs, etc.

- Recognition by emcee on Walk day.
- Company logo included on Walk day signage.
- Opportunity for Team to lead the start of Walk.
- Promotional tent OR activity area sponsorship (e.g. Family Activity sponsored by your logo/name)
- Walk Team tent with provided company banner.
- Company logo on Sponsor banner
 - Deadline to receive this benefit 10/04/24
- Company logo on Walk t-shirt
 - Deadline to receive this benefit 09/27/24

Support Sponsor \$5000

Marketing Benefits:

- Listing in AFSP Arizona Chapter e-Newsletter.
- Thank you posts on Arizona Chapter Instagram and Facebook.
- Company name listed on Walk page.
- Company logo on promotional items i.e. posters, flyers, yard signs, etc.

- Recognition by emcee on Walk day.
- Company logo included on Walk day signage.
- Company logo on Sponsor banner
 - Deadline to receive this benefit 10/04/24
- · Company logo on Walk t-shirt
 - Deadline to receive this benefit 09/27/24

Advocate Sponsor \$2500

Marketing Benefits:

· Company name listed on Walk page.

Day of Benefits:

- Recognition by emcee on Walk day.
- Company logo included on Walk day signage.
- Company name on Sponsor banner
 - Deadline to receive this benefit 10/04/24
- Company Logo on Walk t-shirt
 - Deadline to receive this benefit 09/27/24

Prevention Sponsor \$1000

Marketing Benefits:

· Company name listed on Walk page.

- Recognition by emcee on Walk day.
- · Company logo included on Walk day signage.
- Company Name on Walk t-shirt
 Deadline to receive this benefit 09/27/24

SPONSOR AGREEMENT

Sierra Vista Community Walk

This form, logo upload (if applicable), and payments can be completed online

through the payment method links below.

Presenting Sponsor Donate \$12,500	Support Sponsor Donate \$5,000
Champion Sponsor Donate \$10,000	Advocate Sponsor Donate \$2,500
Hope Sponsor Donate \$7,500	Prevention Sponsor Donate \$1,000

Payment Methods

Invoice Needed

- Request an invoice and upload your logo (if your sponsorship level includes a logo) at <u>afsp.org/invoicerequest</u>.
- 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 <u>afsp.org/ccsponsor</u>
 <u>Logo Instructions:</u> 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 09/27/24

	nation Belo	<u>w If Sending a Check</u>	or Instructed to Do So by AFSP Contact
(Please Print)			
Company Name: Mailing Address:			
City:	State:	Zip Code:	
Contact Name:		Phone (with Are	a Code):
Email:			
Company Website: _			
•			on and Out of the Darkness Walks to include our Is consistent with our sponsorship selection and
Authorized Signature:_		·	Date:
	Tax II	D and financials at: <u>www.a</u>	<u>fsp.org/financials</u> .

Thank you for your generous support!

IN-KIND DONATION FORM

Sierra Vista Community Walk You may go to <u>afsp.org/inkindsponsor</u> to complete the information below online and/or upload your logo (if applicable)

Please Type or Print Legibly **Donor Information**

Donor Name:		
Mailing Address:		
City:	_ State: Zip:	
Website:		
Contact Name:		
Contact Title:		
Contact Email:		Contact Phone:
Gift Information		
Item(s)/Services		
Donated:		<u>-</u>
Description:		

Fair-Market Cash Value: \$ _____

* Donations with a fair-market cash value will receive sponsorship benefits in line with half that value

Processing Instructions & Important Deadlines

Restrictions (e.g. Exp Date):

- In-Kind Gift Delivery: Please contact Ashley Harper at ashley.r.harper@gmail.com to coordinate delivery.
- Sponsor Deadline: 10/25/24
- Sponsor T-Shirt Deadline: 09/27/24

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!

			-					
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank							
	2 Business name/disregarded entity name, if different from above							
Print or type. See Specific Instructions on page 3	b) Check appropriate box for rederal tax classification of the person whose name is entered on line. Check only one of the following seven boxes. c) following seven boxes. c) Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate				 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 			
	Nonprofit corporation exempt under IRS Code section 501((3)	Exemption from FATCA reporting			porting	
	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LC if the LLC is classified as a single-member LLC that is disregarded from the owner unless 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 s disregarded from the owner should check the appropriate box for the tax classification of its owner.			code (if	any)	aintained out		
	Other (see instructions) ► Address (number, street, and apt. or suite no.) See instructions Water Street, FL II	Requeste	r's name a				ue ne (La.)	
S	6 City, state, and ZIP code New York, NY 10038							
	7 List account number(s) here (optional)							
Par	Taxpayer Identification Number (TIN)							
Enter	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo		Social sec	urity nu	mber			
	p withholding. For individuals, this is generally your social security number (SSN). However, fo	or a						
	ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>	-		-		1		
TIN, Ia	-,,,,,,,,,,	<i>a</i> 0	r	_	1		1 1	
	If the account is in more than one name, see the instructions for line 1. Also see What Name a	-	Employer	identific	ation nu	ımber		
	er To Give the Requester for guidelines on whose number to enter.	-						

Part Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am 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 other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Signature of U.S. person►



General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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)

Date 02/01/2023

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- 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, later. Go to www.irs.gov/FormW9 for instructions and the latest information.

	 Name (as shown on your income tax return). Name is required on this line; do not leave this line blar 	ik.				
	American Foundation for Suicide Prevention					
Print or type. Ic Instructions on page 3.	2 Business name/disregarded entity name, if different from above					
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3);				
	Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	Exempt payee code (if any) 1				
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Part	nership) 🕨				
	Note: Check the appropriate box in the line above for the tax classification of the single-member LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a s is disregarded from the owner should check the appropriate box for the tax classification of its o	Exemption from FATCA reporting code (if any)				
e cific	Other (see instructions) >	(Applies to accounts maintained outside the U.S.)				
8	5 Address (number, street, and apt. or suite no.) See instructions.	and address (optional)				
8	199 Water Street, FI. 11					
90	6 City, state, and ZIP code					
	New York, NY 10038					
	7 List account number(s) here (optional)					
Par	t Taxpayer Identification Number (TIN)					
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to	avoid Social se	curity number			
	p withholding. For individuals, this is generally your social security number (SSN). However					
	ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For othe					
TIN, la	is, it is your employer identification number (EIN). If you do not have a number, see How to ster	geta L				
	If the account is in more than one name, see the instructions for line 1. Also see What Nam	-	identification number			
	er To Give the Requester for guidelines on whose number to enter.					
		1 3	- 3 3 9 3 3 2 9			
Par	t II Certification					
	r penalties of perjury, I certify that:					
	e number shown on this form is my correct taxpayer identification number (or I am waiting f n not subject to backup withholding because: (a) I am exempt from backup withholding, or					
	n not subject to backup withholding because: (a) I am exempt from backup withholding, or vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest					

- 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.

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Sign Here	Signature of U.S. person ►	TSS	Date ►	02/24/2023

General Instructions

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