

Key West Out of the Darkness Community Walk Sponsorship Opportunities

**WALK
WITH US
TO PREVENT SUICIDE**

**Key West Walk - October 12, 2024
Amphitheater at Truman Waterfront Park, Key West
www.afsp.org/keywest**

**Contact: Terri Neil
Email: tneil@afsp.org
Phone Number: 813-294-3289**



**American
Foundation
for Suicide
Prevention**



Become a Key West 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 Southeast Florida Chapter of the American Foundation for Suicide Prevention will be able to maximize our mission impact by reaching and serving more people through our lifesaving programs and resources.

Why Support the Key West Walk?

- We have a strong and resilient community that is 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.

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:

Terri Neil
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American Foundation for Suicide Prevention
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tneil@afsp.org

Tara Sullivan Larsen
Executive Director,
Central & Southern Florida
American Foundation for Suicide Prevention
407-4715-8757
tsullivan@afsp.org

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!



Research

Discovering better ways to prevent suicide through research. Findings from our studies have shaped prevention efforts around the world. Today, AFSP is the leading private funder of suicide prevention research.



Advocacy

Pushing for key federal and state legislation, such as mandatory suicide prevention training for clinicians and educators, and funding for mental health resources, with the help of thousands of volunteer advocates across the country.



Education

Delivering effective suicide prevention programs to schools, communities and workplaces, showing people how to recognize signs of distress and connect those suffering with help. Our Talk Saves Lives™ and More Than Sad programs have taught over a million people how to be smart about mental health.



Support

Providing support through initiatives like Healing Conversations, which connects trained loss survivors with people whose grief is recent, and events across the country for International Survivors of Suicide Loss Day. The Interactive Screening Program, available for schools, workplaces, and other organizations, provides an anonymous way to engage with counselors, for those least likely to seek help.

Presenting Sponsor

Marketing Benefits:

- Sponsorship of chapter-wide presentation of AFSP educational program (e.g. Talk Saves Lives).
- Company logo included on the Southeast Florida Chapter website as presenting sponsor.
- Company logo included in Kickoff and Thank You event presentation slides.
- Prominent listing in Walk e-blast.
- Listing in AFSP Southeast Florida Chapter e-Newsletter.
- Thank you posts on the Southeast Florida 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.
- Dedicated press release announcing partnership.
- Recognition in post Walk Thank You email.

Day of Benefits:

- Recognition by emcee on Walk day.
- Company logo included on Walk day signage.
- Speaking opportunity during Walk's opening ceremony.
- Ribbon cutting (or equivalent) opportunity at start of Walk.
- Promotional tent OR activity area sponsorship (e.g. Family Activity sponsored by your logo/name)
- Logo on route signage.
- Walk Team tent with provided company banner.
- Logo on Sponsor banner
 - Deadline to receive this benefit - September 13, 2024
- Logo on Walk t-shirt
 - Deadline to receive this benefit - September 13, 2024

Sponsorship Level: \$12,500

Champion Sponsor

Marketing Benefits:

- Prominent listing in Walk e-blast.
- Listing in AFSP Southeast Florida Chapter e-Newsletter.
- Thank you posts on Southeast Florida 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.

Day of Benefits:

- 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 route signage.
- Walk Team tent with provided company banner.
- Company logo on Sponsor banner
 - Deadline to receive this benefit - September 13, 2024
- Company logo on Walk t-shirt
 - Deadline to receive this benefit - September 13, 2024

Sponsorship Level: \$10,000

Hope Sponsor

Marketing Benefits:

- Listing in AFSP Southeast Florida Chapter e-Newsletter.
- Thank you posts on Southeast Florida 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.

Day of Benefits:

- 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 route signage.
- Walk Team tent with provided company banner.
- Company logo on Sponsor banner
 - Deadline to receive this benefit - September 13, 2024
- Company logo on Walk t-shirt
 - Deadline to receive this benefit - September 13, 2024

Sponsorship Level: \$7,500

Support Sponsor

Marketing Benefits:

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

Day of Benefits:

- Recognition by emcee on Walk day.
- Company logo included on Walk day signage.
- Company logo on Sponsor banner
 - Deadline to receive this benefit - September 13, 2024
- Company logo on Walk t-shirt
 - Deadline to receive this benefit - September 13, 2024

Sponsorship Level: \$5,000

Advocate Sponsor

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 - September 13, 2024
- Company name on Walk t-shirt
 - Deadline to receive this benefit - September 13, 2024

Sponsorship Level: \$2,500

Prevention Sponsor

Marketing Benefits:

- Company name listed on Walk page.

Day of Benefits:

- Recognition by emcee on Walk day.
- Company logo included on Walk day signage.

Sponsorship Level: \$1,000

Friend of AFSP Walk Donation

Day of Benefits:

- Company logo included on Walk day signage as a Friend of AFSP.
- Opportunity to form company walk team.

Event Donation: \$500

SPONSOR AGREEMENT

Key West Community Walk - October 12, 2024

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

- Presenting Sponsor | Donate \$12,500
- Champion Sponsor | Donate \$10,000
- Hope Sponsor | Donate \$7,500
- Support Sponsor | Donate \$5,000
- Advocate Sponsor | Donate \$2,500
- Prevention Sponsor | Donate \$1,000
- Friend of AFSP Donation | Donate \$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 September 13, 2024**

Complete the Information Below If Sending a Check

(Please Print)

Company Name: _____

Mailing Address: _____

City: _____ State: ____ Zip Code: _____

Contact Name: _____ Phone (with Area Code): _____

Email: _____

Company Website: _____

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.

Authorized Signature: _____ Date: _____

Tax ID and financials at: www.afsp.org/financials.

Thank you for your generous support!

IN-KIND DONATION FORM

Key West Community 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

Donor Information

Donor Name: _____

Mailing Address: _____

City: _____ State: __ Zip: _____

Website: _____

Contact Name: _____

Contact Title: _____

Contact Email: _____

Contact Phone: _____

Gift Information

Item(s)/Services

Donated: _____

Description: _____

Restrictions (e.g. Exp Date): _____

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](#)

- **In-Kind Gift Delivery:** Please contact Tara Sullivan Larsen at tsullivan@afsp.org, 407-415-8757 to coordinate delivery.
- **Sponsor T-Shirt Deadline: September 13, 2024**

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

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

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

Print or type. See Specific Instructions on page 3.	<p>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</p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>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 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 is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) <u>1</u></p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: x-small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 199 Water Street, Fl. 11</p> <p>6 City, state, and ZIP code New York, NY 10038</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
OR									
Employer identification number									
1	3	-	3	3	9	3	3	2	9

Part II 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 Here	Signature of U.S. person ▶	Date ▶ 02/24/2023
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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)

- 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.

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

Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Nonprofit corporation exempt under IRS Code section 501(c)(3)
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 .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 is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions
 199 Water Street, FL 11

6 City, state, and ZIP code
 New York, NY 10038

7 List account number(s) here (optional)

Requester's name and address (optional)

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				-				
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Sign Here Signature of U.S. person ▶ 

Date ▶ 02/01/2023

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