



WALK WITH US TO PREVENT SUICIDE

Out of the Darkness™ Chicagoland Walk Sponsorship Opportunities

September 14, 2024

9AM | Montrose Harbor - Chicago

afsp.org/Chicago



American
Foundation
for Suicide
Prevention

Illinois



BE A SPONSOR

Out of the Darkness Chicagoland Walk | September 14, 2024 | 9AM | Montrose Harbor - Chicago



Support for mental health is needed more than ever and we are asking you to please join us in the movement to prevent suicide.

Why You Should Support the Out of the Darkness Chicagoland Walk

- Because **suicide is the 11th leading cause of death in the U.S.** and rates continues to rise.
- In **Illinois**, it is the **3rd leading cause of death for ages 10-34** and the **6th leading cause of death for ages 35-54.**
- Because **mental health affects everyone.**
- Because YOU can make a difference and help AFSP save lives and bring hope to those affected by suicide.
- And because, being a sponsor will show your community and your employees that your business cares about mental health and suicide prevention.

We Need Your Support

As a sponsor, you will help bring [our work](#) to local communities. You will help the [AFSP Illinois Chapter](#) maximize our mission by reaching and serving more people through our much needed lifesaving programs and resources.

Please review our sponsor levels and benefits, and reach out if you have any questions. Your consideration is appreciated and we look forward to partnering with you to save lives!

With gratitude,

Phil Martinez | Chicagoland Walk Chair | philm815@gmail.com | (815) 557-4708

Sean Connolly | Chicagoland Walk Committee Member | sconnolly8484@gmail.com | (872) 800-8904

Diana Cazares | Chicagoland Walk Director | chicago@afsp.org | (312) 802-9714



AFSP has an "A" rating from Charity Watch and top rating of four stars from Charity Navigator



American Foundation for Suicide Prevention

Illinois





American Foundation *for* Suicide Prevention

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Your Support Helps Save Lives

With chapters in all 50 states and Puerto Rico, AFSP is leading the fight in suicide prevention. Our mission is to save lives and bring hope to those affected by suicide. We do so by creating a culture that's smart about mental health through education and community programs, research, advocacy, and support for those affected by suicide. Thank you for the important work you are doing to support suicide prevention. Your support in 2023 helped the Illinois Chapter provide:



74+

Education programs delivered



21

Out of the Darkness™ Walks



1,100+

Volunteers donating
their time to
#StopSuicide



8

International Survivors
of Suicide Loss Day
Events



23,000+

Social media
followers



1,994

Advocates who are fighting for
local and federal policy change



27

New research grants awarded
internationally, made possible through
fundraising efforts by all AFSP chapters.

afsp.org/illinois

2023



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SPONSOR LEVELS & BENEFITS

Out of the Darkness Chicagoland Walk September 14, 2024	Presenting Sponsor	Champion Sponsor	Hope Sponsor	Support Sponsor	Advocate Sponsor	Prevention Sponsor
	\$40,000	\$20,000	\$10,000	\$7,500	\$5,000	\$2,500
Name/logo on Advertising and Marketing Materials (yard signs, flyers, postcards)	X					
Company Name Sponsorship of a Chapter Education Program (e.g. Talk Saves Lives)	X					
Company Speaker in Walk Day Opening Ceremony	X	X				
Inclusion in Walk Press Releases (2 min.)	X	X				
Logo on Walk Emails (6 min.)	X	X	X			
Tent on Event Day* - OR - Company Name Sponsorship for a Walk Day Activity Tent	X	X	X			
Logo on 2 Walk Route Signs	X	X	X	X		
Sponsor Spotlight Post on all AFSP-IL Social Media (FB, Instagram, X (Chapter & Walk accounts) & LinkedIn)	X	X	X	X	X	
Logo on 3 Walk E-Newsletters	X	X	X	X	X	
Logo or Company Name on Walk T-Shirt	X	X	X	X	X	X
Logo or Company Name on Walk Web Page	X logo with link	X logo with link	X logo with link	X logo with link	Logo Only	Logo Only
Logo on Sponsor Signage	X	X	X	X	X	X
Event Day Announcements	X	X	X	X	X	X

*Giveaways or materials distributed are subject to AFSP approval. Logo/name placement opportunities on printed items are subject to production deadlines. AFSP reserves the right to substitute any benefits listed for a benefit of equal value.

For more information, please contact:

Phil Martinez | Chicagoland Walk Chair | phil815@gmail.com | 815-557-4708

Sean Connolly | Chicagoland Walk Committee Member | sconnolly8484@gmail.com | 872.800.8904

Diana Cazares | Chicagoland Walk Director | chicago@afsp.org | (312) 802-9714



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2024 SPONSOR AGREEMENT

Out of the Darkness Chicagoland Walk | September 14, 2024 | 9AM | Montrose Harbor - Chicago

We highly recommend submitting this form securely online at:
afsp.org/walksponsors

SPONSORSHIP SELECTION:

- | | |
|---|--|
| <input type="checkbox"/> Presenting Sponsor Donate \$40,000 | <input type="checkbox"/> Support Sponsor Donate \$7,500 |
| <input type="checkbox"/> Champion Sponsor Donate \$20,000 | <input type="checkbox"/> Advocate Sponsor Donate \$5,000 |
| <input type="checkbox"/> Hope Sponsor Donate \$10,000 | <input type="checkbox"/> Prevention Sponsor Donate \$2,500 |

PAYMENT METHODS:

- ☐ **Invoice Needed**
 - Request an invoice and upload your logo at afsp.org/invoicerequest
- ☐ **Check**
 - Fill out form online and upload your logo at afsp.org/checksponsor
 - Make Payable to: American Foundation for Suicide Prevention or AFSP
 - Mail check with this form (if unable to complete online) to:
AFSP, Attn: OOTD Walks-Chicagoland Walk, 199 Water Street, 11th Floor, New York, NY 10038
- ☐ **Credit Card**
 - To make a secure credit card payment, fill out form online and upload your logo at 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).

Signed sponsorship agreement with logo due by **AUGUST 9, 2024**

If unable to submit this form online and sending a check, please complete this section:
(Please Print Clearly)

Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Contact Name: _____
Phone: (____) _____ 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: _____

AFSP Tax ID# 13-3393329. AFSP financials: www.afsp.org/financials

THANK YOU FOR YOUR GENEROUS SUPPORT!



IN-KIND DONATION FORM

Out of the Darkness Chicagoland Walk | September 14, 2024 | 9AM | Montrose Harbor - Chicago

We highly recommend submitting this form securely online at: afsp.org/inkindsponsor

Please Type or Print Legibly

DONOR INFORMATION

Company/Donor Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Contact Name: _____

Title: _____ Email: _____

Phone: (____) _____

Authorized Signature: _____ Date: _____

GIFT INFORMATION

Item(s)/Services Donated: _____

Description: _____

Restrictions (e.g. Exp. Date): _____

Fair-Market Cash Value: \$ _____

** Donations with a fair-market cash value of \$5,000+ will receive sponsorship benefits in line with half that value.*

PROCESSING INSTRUCTIONS & IMPORTANT DEADLINES

- **In-Kind Gift Delivery:** To coordinate delivery, please contact:
Diana Cazares | Chicagoland Walk Director | chicago@afsp.org | (312) 802-9714
- **Sponsor & T-Shirt Deadline: **AUGUST 9, 2024****
 - Submit form online or email signed agreement & logo to chicago@afsp.org

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 GENEROUS SUPPORT!



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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.

Print or type.
See Specific Instructions on page 3.

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

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.

☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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 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) **1** _____

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

Requester's name and address (optional)

6 City, state, and ZIP code

New York, NY 10038

7 List account number(s) here (optional)

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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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

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.