

Hike for Hope Bear Mountain



Suicide prevention starts with everyday heroes like you. Money raised goes to critical research, education programs, advocacy, and support for those affected by suicide.

Join us to help create a culture that's smart about mental health.

Saturday, April 26, 2025
www.afsp.org/hvhike



SPONSOR THE Bear Mountain HIKE FOR HOPE

You can be an everyday hero in the fight to stop suicide.

Bear Mountain Hike for Hope

Saturday, April 26, 2025

afsp.org/hvhike

Today, support for mental health is needed more than ever and we are asking you to join us in the fight to stop suicide. With your help, the Bear Mountain Hike for Hope will be able to maximize our mission impact in our communities by reaching and serving more people through our lifesaving programs and resources. As a sponsor, you will help create a culture that is smart about mental health, and inspire others to keep going.

Why support the Construction Hike for Hope?

According to the CDC's data on suicide risk within occupational groups, the construction and extraction industries were found to have the highest rate of suicide in the United States. The goals of our partnership are to improve the mental health of construction workers through effective suicide prevention education, intervention and postvention strategies, to encourage, equip and empower mental health champions in the workforce.

The American Foundation for Suicide Prevention leads the fight to stop suicide.

Funds raised from the *Bear Mountain Hike for Hope* allow AFSP to invest in research, create educational programs, advocate for public policy, and support survivors of suicide loss.

Build your brand's goodwill by supporting a cause everyone can get behind.

Our participants are passionate supporters of AFSP's mission to *save lives and bring hope to those affected by suicide*, with 78% of online registrants indicating a personal investment in prevention. Plus, goodwill goes a long way! 91% of global consumers are likely to switch brands to one associated with a good cause, given comparable price and quality.

Sponsor and show our community you're a voice for suicide prevention.

To recognize your support, we have developed a variety of options to elevate your brand awareness and align your business with a good cause! For information about sponsor levels and benefits, please see the enclosed Sponsor Opportunities & Benefits and Sponsor Agreement. Thank you for your consideration. We look forward to partnering with you to save lives!

With Hope,

Robert Labbe Jr., CSP, ARM
Vice President | Risk Engineering Services
American Global
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Maria Idoni
Area Director, AFSP
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**American
Foundation
for Suicide
Prevention**



SPONSORSHIP OPPORTUNITIES & BENEFITS

For more information or to design a custom sponsorship plan, please contact:		PLATINUM LEVEL \$5,000	GOLD LEVEL \$2,500	SILVER LEVEL \$1000	BRONZE LEVEL \$500
Name: Maria Idoni Title: HV/WC Director Email: midoni@afsp.org Phone: 914-610-9156					
SPONSOR BENEFITS	(1) Virtual Presentation of AFSP's Signature educational program, Talk Saves Lives, for your employees	✓			
	Sponsor tent at hike (may provide own branded tent)	✓			
	Prominent placement & size for your logo/name on Hike T-shirts Logo Due Date 3/21/2025	✓			
	Sponsor recognition in hike press release	✓	✓		
	Sponsor recognition in all electronic communications	✓	✓		
	Sponsor Recognition on Chapter Facebook Page	✓	✓		
	Company Logo/Name on sponsor banner at the hike Logo Due Date 3/21/2025	✓	✓		
	Logo/name on Hike t-shirts Logo Due Date is 3/21/2025	✓	✓		
	Logo/name with link to sponsor's website listed on afsp.org/hvhike	✓	✓	✓	✓
	Sponsor Recognition on all Post Hike Emails	✓	✓	✓	✓
Complimentary Hike T-Shirts	50	25	10	5	

We are looking for 10 Lifesaver Sponsors, each contributing \$250.

Your sponsorship will play a crucial role in providing free breakfast/coffee/parking.

In return, we are pleased to offer 1 T-Shirt & Bragging Rights



**American
Foundation
for Suicide
Prevention**



2025 SPONSOR AGREEMENT

Bear Mountain Hike for Hope Saturday, April 26, 2025

We authorize the American Foundation for Suicide Prevention to include our corporate name and logo on all "Hike for Hope" materials consistent with our sponsorship selection and publication dates.

Authorized Signature (REQUIRED): _____ Date: _____

(Please Print) Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone (with Area Code) _____

Company Website _____

Sponsorship Selection

- | | |
|---|--|
| <input type="checkbox"/> Platinum Sponsor Donate \$5,000 | <input type="checkbox"/> Silver Sponsor Donate \$1,000 |
| <input type="checkbox"/> Gold Sponsor Donate \$2,500 | <input type="checkbox"/> Bronze Sponsor Donate \$500 |
| | <input type="checkbox"/> LifeSaver Sponsor/Donate \$250 -
ONLY 10 Sponsorships Available |

Additional Options

- I am unable to sponsor, but please accept this gift of: \$ _____
- I wish to be anonymous. Yes _____ No _____
- Please contact me about forming a Hike Team. Yes _____ No _____
- I was referred by (name/company): _____

Payment Method

- Check
 - Make Payable to: American Foundation for Suicide Prevention or AFSP
 - Mail with this form to: AFSP, PO Box 266, Lagrangeville, NY 12540
- CreditCard
 - Secure credit card payments can be made at supporting.afsp.org/chaptereventsponsors
- Invoice Requested (invoices will be sent to email provided above)

Processing Instructions

Completed and signed agreement with logo due by **March 21st**

Logo specifications: **T-shirt:** Vector files (EPS, PS, PDF) to ensure logo integrity. **Website:** Stacked logos appear best (max width 80 px) and image files only (JPEG,PNG).

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

Thank you for your generous support!



**American
Foundation
for Suicide
Prevention**



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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>American Foundation For Suicide Prevention</p>		
	<p>2 Business name/disregarded entity name, if different from above.</p>		
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>	
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/></p>		
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>199 Water Street Floor 11</p>	<p>Requester's name and address (optional)</p>	
	<p>6 City, state, and ZIP code</p> <p>New York NY 10038</p>		
	<p>7 List account number(s) here (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. See also *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 04/09/2024
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they