

2025 Construction Hike for Hope Sponsorship Opportunities



Hike for Hope

Georgia Construction Hike for Hope
Saturday, April 26th, 2025

<https://supporting.afsp.org/event/GAHike2025>



American
Foundation
for Suicide
Prevention

Georgia



**American
Foundation
for Suicide
Prevention**

Suicide
Stops
here

You can be an everyday hero in the fight against suicide!

Why support the Georgia Construction Hike for Hope?

Suicide is the 11th leading cause of death across the nation and in Georgia - and it is preventable. 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 work force.

Did you know?

Construction workers including laborers, skilled trade workers, operators, and management are at greater risk of suicide than workers in other industries. While construction workers are vulnerable to the same risk factors for suicide as others in the general population, there are other risk factors that may be unique to the construction industry, including a workplace culture that encourages bravery, stoicism or self-sufficiency. Creating a work environment that fosters communication, a sense of belonging and connectedness, and respect can help protect against suicide risk. Peer support and access to mental health care are also important ways to reduce suicide risk and maintain resilience.

The American Foundation for Suicide Prevention leads the fight against suicide.

Funds raised from the Georgia Construction Hike for hope allow us to support our mission to save lives and bring hope to those affected by suicide through the funding of prevention research, developing prevention education programming, advocate for public policy and support survivors of suicide loss. 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 Georgia Construction 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 bring suicide *Out of the Darkness*, create a culture that is smart about mental health and, inspire others to keep going.

Sponsor and show our community that you are 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 and we look forward to partnering with you to save lives!

For more information, please contact:

Cam Clolinger, CRIS | Crisis Advocate, American Global
Georgia Construction Hike for Hope Event Chair
cameron.clolinger@americanglobal.com
810-444-6400

Georgia Construction Hike for Hope Sponsorship Opportunities & Benefits

	Platinum Sponsor	Gold Sponsor	Silver Sponsor	Bronze Sponsor	Friend of AFSP Sponsor
Sponsorship Benefits	\$10,000	\$5,000	\$2,500	\$1,000	\$500
• (1) Virtual or in-person presentation of AFSP's signature educational program, Talk Saves Lives, for your associates.	✓				
• Prominent placement \$ size for your company logo on Hike t-shirts.	✓				
• Company logo on Hike promotional items	✓				
• Sponsor tent at Hike (may provide own branded tent)	✓	✓			
• Sponsor recognition in Hike press release	✓	✓			
• Sponsor recognition in electronic communications	✓	✓			
• Company logo and link to company page on Hike website	✓	✓	✓		
• Logo on Walk t-shirt. Deadline to receive this benefit - 03/26/25	✓	✓	✓		
• Logo on Sponsor banner. Deadline to receive this benefit - 03/26/25	✓	✓	✓	✓	
• Recognition during Hike's Opening Ceremony	✓	✓	✓	✓	✓
• Recognition in post Hike Thank You email.	✓	✓	✓	✓	✓
• Thank you posts on Georgia Chapter social media pages	✓	✓	✓	✓	✓
• Complementary Hike t-shirts	30	20	15	10	5

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**American
 Foundation
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 Prevention**

2025 SPONSOR AGREEMENT

Georgia Construction Hike for Hope Saturday, April 26th, 2025

(Please Print) Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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

Company Website: _____

Sponsorship Selection

	Platinum Sponsor - \$ 10,000
	Gold Sponsor - \$5,000
	Silver Sponsor - \$2,500

	Bronze Sponsor - \$1,000
	Friend of AFSP Sponsor - \$500
	In-Kind Sponsor

Additional Options

I am unable to sponsor, but please accept this gift of: \$ _____

I wish to be anonymous. Yes _____ No _____

Call me, I am interested in forming a team for the Hike. Phone number: _____

View the different options to submit your sponsorship agreement, upload logos and/or pay online:

<https://supporting.afsp.org/index.cfm?fuseaction=cms.page&id=2084>

Completed & Signed agreement with Logo due by March 26th, 2025

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 Wednesday, March 26th, 2025

Please scan and email or mail this agreement, logo & website link to:

Chelsea Piatt | cpiatt@afsp.org | AFSP Georgia, 1920 Dresden Drive, #191591, Atlanta, GA 31119

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: _____ Date: _____

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

Thank you for your generous support!

2025 In-Kind Gift Confirmation

Georgia Construction Hike for Hope Saturday, April 26th, 2025

Event Supporting (City, State): _____

Product Description: _____

Fair Market Value (\$ amount/product amount): _____

Value determined by: _____

Donor Company: _____

Donor Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contact Person: _____

Title: _____

I, _____, certify that to the best of my knowledge, the information above is true, correct and complete.

Authorized Signature: _____ Date: _____

***AFSP must be in receipt of this agreement by 3/26/25, in order to activate on any benefits.**

Please submit this agreement to:

Chelsea Piatt | cpiatt@afsp.org | AFSP Georgia, 1920 Dresden Drive, #191591, Atlanta, GA 31119

Thank you for your support of the American Foundation for Suicide Prevention!

IRS/Tax Deduction Information:

AFSP will furnish 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 and financials at: www.afsp.org/financials.

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</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)</p> <p>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.</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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any)</p> <p>(Applies to accounts maintained outside the United States.)</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.

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

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.

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