



HOPE WALKS HERE #STOPSUICIDE

**Out of the Darkness™
University of Georgia Campus Walk:
Sponsorship Opportunities**

Sunday, April 7th, 2024

afsp.org/UGA



**American
Foundation
for Suicide
Prevention**



**OUT OF THE
DARKNESS**
Campus Walks

Sponsor the University of Georgia Campus Walk



Today, support for youth mental health is needed more than ever and we are asking you to join us in the movement to prevent suicide at our local schools and communities. With your help, the Georgia Chapter will be able to maximize our mission impact by reaching and serving more people through our lifesaving programs and resources.

Why Support the University of Georgia Out of the Darkness Walk

Suicide is the 11th leading cause of death in the United States, and the 3rd leading cause of death amongst ages 15-24. A 2022 [Harris Poll](#) revealed that 75% of adults in the U.S. believe it is more important than ever to make suicide prevention a national priority. Your support will help bring [our work](#) to our schools and community, as well as show your customers and employees that you care about mental health and preventing suicide.

Join Us in the Fight Against Suicide

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 Benefits** and **Sponsor Agreement**. *We are happy to work with you to meet your specific sponsorship needs.*

Thank you for your consideration. We look forward to partnering with you to save lives!

For more information, please contact:

Abby Cushing, Walk Chair

E: abby.cushing1101@gmail.com P: 404-202-0885

Kristen Petillo, Area Director

E: kpetillo@afsp.org

Sponsorship Benefits

	Regional Sponsor	Lifesaver Sponsor	Champion Sponsor	Healing Sponsor	Hope Sponsor	Empower Sponsor
Print/Online/In-Person	\$10k	\$5k	\$2500	\$1000	\$500	\$250
Sponsorship and benefits for ALL 2024 GA Campus Walks.	√					
Sponsorship of chapter-wide presentation of AFSP educational program (e.g. Talk Saves Lives)*	√					
Prominent listing in Walk e-blasts	ALL 2024 GA CAMPUS WALKS	√				
Listing in AFSP Georgia Chapter e-Newsletter (distributed to 30,000+ e-mails)	√	√	√	√		
Thank you posts on IG and Facebook	5+	3	2	1		
Logo/name with link to sponsor's website listed on Walk page	ALL 2024 GA CAMPUS WALKS	√	√	√	√	

* Program to take place prior to end of calendar year 2024

** Must contact Kristen Petillo at kpetillo@afsp.org by Nov. 1, 2024 for more information.

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

Sponsorship Benefits, cont.

	Regional Sponsor	Lifesaver Sponsor	Champion Sponsor	Healing Sponsor	Hope Sponsor	Empower Sponsor
Day-of Event	\$10k	\$5k	\$2500	\$1000	\$500	\$250
Speaking opportunity during Walk's opening ceremony	ALL 2024 GA CAMPUS WALKS	√	√			
Lead the walk at your choice GA campus location	√					
Sponsor promotional tent <u>OR</u> choice of Honor Bead Ceremony Sponsor OR Hope and Healing Experience Sponsors at each Walk***	√	√				
Logo on route signage at each Walk for Regional or singular location for all other levels	√	√	√	√		
Walk Team tent with signage at each Walk **** Tent Provided by Sponsor	√	√	√	√		
Recognition during Walk's opening ceremony	√	√	√	√	√	√
Logo/name on Sponsor banner <i>Deadline to receive this benefit is March 1, 2024</i>	√	√	√	√	√	√
Logo/name on Walk t-shirts <i>Deadline to receive this benefit is March 1, 2024</i>	√	√	√	√	√	√
Complimentary Walk t-shirts	30*	25	15	10	5	2

*** Subject to application and terms of **Georgia Chapter** Tabling Agreement

**** Must have pre-registered Walk Team by March 1, 2024

*30 shirts for walk of choice

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

What It Can Look Like for You

Digital

Your Logo on Walk Landing Page And Email Campaigns

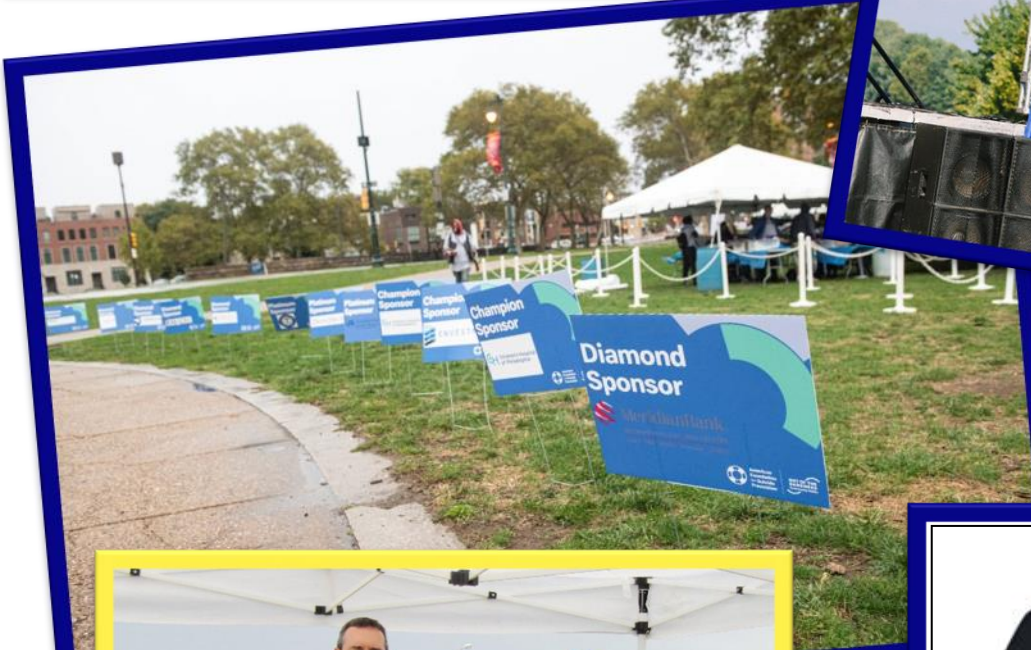


Social Media Posts



What It Can Look Like for You

On-Event



Start a Team!

We love our sponsors. We love our teams.
So, we REALLY love our sponsor teams.



In addition to the benefits previously outlined, the University of Georgia Campus Walk Committee can help you set up your team(s) and bring your support to a whole new level of engagement with your employees, customers, friends, family members, and your local communities. For team information contact: Abby Cushing at Email: abby.cushing1101@gmail.com or, Kristen Petillo at Email: kpetillo@afsp.org

SPONSOR AGREEMENT

University of Georgia Campus Walk

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

- | | |
|---|---|
| <input type="checkbox"/> Regional Sponsor Donate \$10,000 | <input type="checkbox"/> Healing Sponsor Donate \$1,000 |
| <input type="checkbox"/> Lifesaver Sponsor Donate \$5,000 | <input type="checkbox"/> Hope Sponsor Donate \$500 |
| <input type="checkbox"/> Champion Sponsor Donate \$2,500 | <input type="checkbox"/> Empower Sponsor Donate \$250 |

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 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 March 1, 2024 (or earlier)**

Complete the Information Below If Sending a Check or Instructed to Do So by AFSP Contact

(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

University of Georgia Campus 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 of **\$250+** may qualify for Sponsor Benefits*

Additional Options

My gift(s) has a fair-market value of **\$250+** and I wish to receive Sponsor Benefits

Processing Instructions & Important Deadlines

- **In-Kind Gift Delivery:** Please contact **Abby Cushing** at email: abby.cushing1101@gmail.com to coordinate delivery
- **Sponsor Deadline: **March 1, 2024**.** Email signed agreement & logo to: afsp.org/inkindsponsor
- **Sponsor T-Shirt Deadline: **March 1, 2024****

Authorized Signature: _____ Date: _____

***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.

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. <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 <input type="checkbox"/> 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. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>1</u> Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
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)	

Print or type. See Specific Instructions on page 3.

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**

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.