



# HOPE WALKS HERE #STOPSUICIDE

**Lehigh Valley Colleges & Sigma Nursing  
Out of the Darkness Campus Walk**

**Sponsorship Opportunities**

**April 20<sup>th</sup>, 2024**

**[Afsp.org/lehighvalleycolleges](https://afsp.org/lehighvalleycolleges)**



**American  
Foundation  
for Suicide  
Prevention**



# Sponsor the Lehigh Valley Colleges & Sigma Nursing 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 Eastern Pennsylvania Chapter will be able to maximize our mission impact by reaching and serving more people through our lifesaving programs and resources.

## Why Support the Lehigh Valley Colleges Campus Walk:

Suicide is the 12<sup>th</sup> leading cause of death in the United States, and the 3<sup>rd</sup> 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**.

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

## For more information, please contact:

Karen Peterson  
Walk Co-Chair  
267-664-0231  
kapcharlkp@gmail.com

Kristin Eicholtz  
Walk Co-Chair  
610-861-1508  
eicholtzk@moravian.edu

# Your Support at Work

The American Foundation for Suicide Prevention is a voluntary health organization that gives those affected by suicide a nationwide community empowered by research, education, and advocacy to take action against this leading cause of death. Our mission is to **save lives and bring hope to those affected by suicide**. With chapters in all 50 states, AFSP leads the charge in:



## Support

Providing support through initiatives like the Survivor Outreach Program, 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.



## Education

Delivering evidence-based 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™ program has helped over 60,000 people since 2016. More Than Sad has taught over a million students and educators how to be smart about mental health.



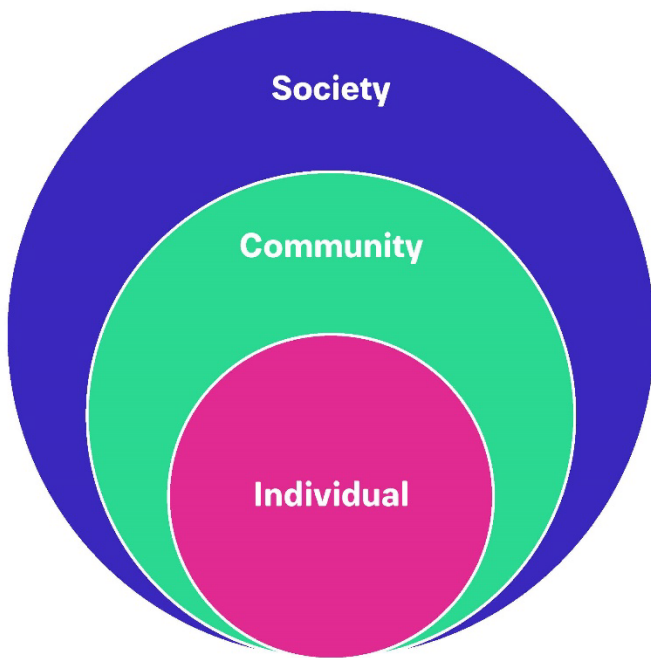
## Research

Discovering better ways to prevent suicide through research. Findings from our studies have shaped prevention efforts around the world. Since 1987, the organization has funded more than 552 research grants totaling more than \$34 million.



## 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 over 20,000 volunteer advocates across the country.



In order to fulfill our mission, AFSP **invests in prevention at multiple levels to make a long-term impact.**

- AFSP is a national, statewide, and local organization recognizing that change must happen at the **individual, community, and societal levels** in order to fight suicide.
- AFSP's work is **driven by science** and supports **evidence-based change** across all contexts.
- By supporting AFSP, you are supporting a grassroots organization dedicated to **saving lives and bringing hope to those affected by suicide in your community, in your state, and across the country.**





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## LEHIGH VALLEY COLLEGES/SIGMA CAMPUS OUT OF THE DARKNESS WALK 2024 SPONSORSHIP LEVELS

### **Bronze Sponsor | Donate \$250**

#### **Benefits Include:**

- The opportunity to support the nation's leading non-profit organization dedicated to understanding and preventing suicide through research, education and advocacy, and to reaching out to people with mental disorders and those impacted by suicide
- Tax-deductible donation & donation receipt
- Recognition as a sponsor during the Campus Out of the Darkness Ceremony
- Your company name typed on the 2024 Out of the Darkness Walk website
- Your logo posted on the Facebook Event Page
- Your logo on the 2024 Walk Shirt
- Your logo in emails to participants
- 2 complimentary Out of the Darkness Walk t-shirts

### **Silver Sponsor | Donate \$500**

#### **Benefits Include:**

- Bronze Level sponsorship benefits listed above
- 30 second mission moment to share on the Campus Walk Facebook Event Page
- Recognition as a program sponsor for AFSP Suicide Prevention Program
- 4 complimentary Out of the Darkness Walk t-shirts
- Complimentary online suicide prevention program to your company

### **Gold Sponsor | Donate \$1,000**

#### **Benefits Include:**

- Bronze & Silver Level sponsorship benefits listed above
- Walk Day Information/Exhibit Table
- 2 featured mentions on @afspeasternpa social platforms
- 6 complimentary Out of the Darkness Walk t-shirts
- Opportunity to include promotional item in walker gift bag
- Your logo on banner at event

***\*Must have logo and signed sponsorship agreement turned in by March 15, 2024 to be on the t-shirt.***



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LEHIGH VALLEY COLLEGES /SIGMA NURSING CAMPUS OUT OF THE DARKNESS WALK  
2024 SPONSORSHIP AGREEMENT

Name/Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Company Website Address: \_\_\_\_\_

Please select one of two sponsorship options:

Donation:		In-Kind:
<input type="checkbox"/> Gold Level Sponsor   Donate \$1,000	OR	Product: _____
<input type="checkbox"/> Silver Level Sponsor   Donate \$500		OR Service: _____
<input type="checkbox"/> Bronze Level Sponsor   Donate \$250		Fair Market Value (product or service): \$ _____
		Value Determined by _____

Payment Methods

☐ Invoice Needed

- Request an invoice and upload your logo (if your sponsorship level includes a logo) at [afsp.org/invoicerequest](https://afsp.org/invoicerequest)

☐ Check

- Fill out form online and upload your logo (if your sponsorship level requires a logo) at [afsp.org/checksponsor](https://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, 11<sup>th</sup> 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](https://afsp.org/ccsponsor)

Agreement and Logo Due by **Friday, March 15, 2024** Logo format for website & t-shirts:  
pdf, tif, jpeg, or eps.

Please scan and email or mail this agreement, logo, & website link to: [sbruno@afsp.org](mailto:sbruno@afsp.org)  
Mail: AFSP Eastern PA Chapter, 19 Colonnade Way, Suite 117, PMB #131, State College, PA 16803

*Thank you for your generous support of the American Foundation for Suicide Prevention! You are helping save lives in your community.*

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://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.

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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

1 3 - 3 3 9 3 3 2 9

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](http://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.