Walk to Fight Suicide

2018 Hoboken Walk Sponsorship Opportunities

afsp.org/hoboken

American Foundation for Suicide Prevention

OUT OF THE DARKNESS Community Walks

Hoboken Out of the Darkness Walk
October 28, 2018

Dear Friend and Community Leader,

In 2017, over 250 walked in the first Hoboken Out of the Darkness walk, raising more than $21,000 to fight suicide.

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

Partner with us as a sponsor for the *2018 Hoboken Out of the Darkness Walk*, taking place on Sunday, October 28, 2018 at Stevens Institute of Technology.

Why support the *Hoboken Out of the Darkness Walk*?

Every year suicide claims more lives than war, murder, and natural disasters combined. It is estimated that 85% of people in the United States alone will know someone who has died by suicide, and that one out of every five of those losses will be a close friend or relative.

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

Our walkers are passionate supporters of the cause. Your support is a great way to enhance your company's visibility, build your brand and spread your message while helping family and friends left behind by their loved ones**.** We couldn't do it without you! Please support us in our efforts.

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

Funds raised from The *Out of the Darkness* Walks allow us to fund research, create educational programs, advocate for public policy, and support survivors of suicide loss.

We look forward to discussing our 2018 sponsorship opportunities and benefits with you in more detail.

Sincerely,

Melanie Ciappi, Walk Chair
AFSP NJ Chapter
Hoboken Out of the Darkness Walk
973-652-4267
melciappi@gmail.com

Elizabeth Roithmayr, NJ Area Director
AFSP NJ Chapter
Hoboken Out of the Darkness Walk
908-514-6028
eroithmayr@afsp.org

HOBOKEN OUT OF THE DARKNESS COMMUNITY WALK
SPONSORSHIP LEVELS

Bronze Level 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.

☑ A tax-deductible donation & donation receipt

☑ Your logo on the Hoboken Walk website that links to your company's website.

Silver Level Sponsor | Donate $500

Benefits Include:

☑ Bronze Level Sponsorship Benefits listed Above

☑ 2 complimentary Hoboken Walk T-shirts

☑ Opportunity to include promotional item at event

Gold Level Sponsor | Donate $1000

Benefits Include:

☑ Bronze & Silver Level Sponsorship Benefits listed Above

☑ Your logo on the back of Hoboken Walk T-shirts.

☑ Your company recognized in announcements at event.

☑ 4 complimentary Hoboken Walk T-shirts

☑ Your company listed as sponsor in 2 eblasts of Hoboken Walk eNewsletter.

☑ Opportunity to include promotional item or company coupon at event

☑ Sign at event listing your company as an event sponsor

Platinum Level Sponsor | Donate $2500

Benefits Include:

☑ Bronze, Silver, & Gold Level Sponsorship Benefits listed Above

☑ 10 complimentary Hoboken Walk T-shirts

☑ Your company listed as sponsor in 4 eblasts of Hoboken Walk eNewsletter.

☑ One onsite presentation at your company's site about AFSP

☑ Walk Day Information/Exhibit Table *(subject to application and terms of AFSP Tabling Agreement).*

HOBOKEN OUT OF THE DARKNESS COMMUNITY WALK
2018 SPONSORSHIP AGREEMENT

Please Print

Name/Company:_____

Mailing Address:_____

City: **State:** **Zip:**

Contact Name:_____

Phone:_____ **Email:**_____

Company Website Address:_____

Please select one of two sponsorship options:

Cash Sponsorship:		**In-Kind Sponsorship:**
☐ **Platinum Level Sponsor** | Donate $2500		Product:_____
☐ **Gold Level Sponsor** | Donate $1000	**OR**	*OR* Service:_____
☐ **Silver Level Sponsor** | Donate $500		Fair market Value* (product or service): $_____
☐ **Bronze Level Sponsor** | Donate $250		Value Determined by:_____
		**min*

Additional Options:

☐ Call me, I am interested in forming a team for the walk

☐ Unable to sponsor, but please accept this donation$_____

☐ Referred by (if someone referred you to us, please let us know):_____

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

Authorized Signature:_____ **Date:**_____

Donation Via:

☐ Enclosed Check ☐ Invoice Required to Process Payment

Credit Card: ☐ AMEX ☐ Mastercard ☐ Visa ☐ Discover

CARD NO._____

EXP. DATE:_____ CODE:_____ BILLING ZIP:_____

Card Holder Name (*if different than Contact Person Name*):_____

Completed & Signed Agreement with Logo Due by September 28, 2018.

Logo Specifications: T-shirt: Vector file (EPS, PS, PDF) format to ensure logo integrity. **Website:** Stacked logos appear best (max width is 80px) and we accept vector files and/or image files (.jpeg, .png).

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

Email: eroithmayr@afsp.org | **Mail**: AFSP NJ, ATTN: Hoboken OOTD Walk, P.O. Box 3068, Hoboken, NJ 07030

Thank You for Your Generous Support of the American Foundation for Suicide Prevention!

OFFLINE DONATION FORM

This printable form is available for supporters who would like to donate to a participant offline via check, money order, or credit card. If you are an organization interested in sponsoring a walk, please contact the Walk Chair for an event Sponsor Form.

My contribution is supporting _____

Participant's First & Last Name

in the _____ **Hoboken. NJ** _____ **walk.** This is a ☐ Community Walk ☐ Campus Walk

Walk Location (CITY/STATE)

Donation Amount $ _____

Please Make Checks Payable to American Foundation for Suicide Prevention (AFSP)

(Please do not staple or tape checks to this form)

Donor Name (FIRST & LAST) _____

Street Address _____

City _____ State _____ Zip _____

E-mail* _____

Home phone _____ Work Phone _____

Check # _____ Visa _____ Master Card _____ Amex _____ Discover _____

Credit Card # _____

Expiration date _____ CVV# _____

Signature _____

An electronic receipt is automatically generated for **all donations and sent to the email address provided. The IRS will accept a canceled check as a receipt for all donations under $250. Donations of $250 and above will receive a written acknowledgment to the address provided.*

Thank You For Your Contribution

Mail this form and your check (please do not send cash) to:

American Foundation for Suicide Prevention (AFSP)
Attn: OOTD Walks
120 Wall Street, 29th Floor
New York, NY 10005

Due to the high volume of donations AFSP receives both in the mail and on the day of the walks, please allow 2-3 weeks from the date that the donation is received to post to your account. If you do not see your donation within this time frame, please email dataentry@afsp.org.

IN-KIND GIFT CONFIRMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Walk Location Supporting (City, State) _____

Product Description _____

Fair Market Value ($ amount/product amount) _____

Value Determined By _____

Donor Company _____

Donor Address _____

City _____ **State** _____ **Zip** _____

Phone ( ) _____ **Fax ( )** _____ **Email** _____

Contact Person _____

Title _____

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

Authorized Signature _____ **Date** _____

PLEASE MAIL or EMAIL THIS AGREEMENT TO:

The American Foundation for Suicide Prevention – NJ Chapter
P.O. Box 3068
Hoboken, NJ 07030
Phone: 908-514-6028 * Email: eroithmayr@afsp.org

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.

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

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.
120 Wall Street, FL 29

Requester's name and address (optional)

6 City, state, and ZIP code
New York, NY 10005

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:

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 ▶**

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.*