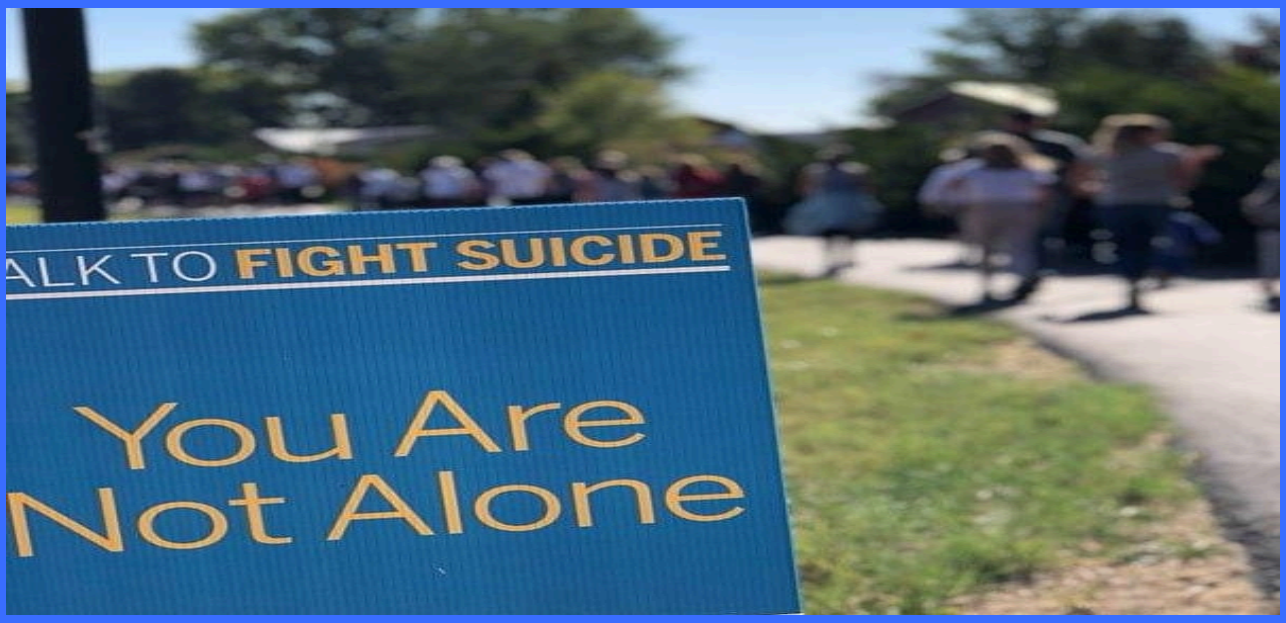
Walk to Fight Suicide



2019 Box Elder County Sponsorship Opportunities

afsp.org/boxelder

American Foundation for Suicide Prevention

OUT OF THE DARKNESS Community Walks

2019 Sponsorship Opportunities

American Foundation for Suicide Prevention

AFSP Provides Programs & Support Locally in Our Communities.

MORE THAN SAD

ISP

TALK SAVES LIVES

Help us be the voice and create a culture that's smart about mental health.

Suicide and Mental Health Affect Us All

Suicide is a public health issue that does not discriminate across gender, ethnicity, age, or socio-economic lines. With an estimated **one million attempts** and more than **45,000 lives lost to suicide** annually in the US alone, we are all affected by this issue.

By sponsoring one of the Utah *Out of the Darkness* Community Walks, you are helping fund vital research into suicide and mood disorders, develop and implement educational programs that save lives, and becoming a part of the movement to change how we address mental health.

About AFSP

The American Foundation for Suicide Prevention (AFSP) is the leader in the fight against suicide. We fund research, create educational programs, advocate for public policy, and support survivors of suicide loss.

The **AFSP Utah Chapter** hosts educational activities in our communities, provides educational and prevention tools to our schools, hosts events for those coping with suicide loss, and sponsors events like the *Out of the Darkness* Community Walks that raise the level of dialogue about suicide and mental health.

Out of the Darkness Walks Make an Impact

With over 500 *Out of the Darkness* Community Walks across the U.S. in 2018 and more than 350,000 participants, our movement is growing significantly each year - ***your business can be a part of this movement to change the way we think about mental illness and prevent suicides.***

The Utah Out of the Darkness Community Walks are held each Fall and have grown every year since the Chapter was founded in 2010. Nearly ***9000*** participants joined us at the local 2018 *Out of the Darkness* Community Walks, with growing numbers of corporate and family teams showing their support.

For more information about the **Utah Chapter**, please visit: http://www.afsp.org/utah.

AFSP 120 Wall Street, 29th Floor, NY, NY 10005
AFSP 501(c)3 Tax ID# 13-3393329 utah@afsp.org

2019 Sponsorship Opportunities

American Foundation for Suicide Prevention

Utah *Out of the Darkness* Community Walk Details:

Salt Lake City Walk - Liberty Park
September 14, 2019
Cedar City Walk - Main Street Park
September 21, 2019
Vernal Walk - Colton Pavilion September 21, 2019
Box Elder Walk- USU Campus
September 28, 2019
St. George Walk – Highland Park
September 28, 2019

Save Lives and Bring Hope to Those Affected by Suicide.

We have many different ways for your organization to get involved in the *Out of the Darkness* Community Walks in the Utah. Sponsor one walk or several, form an organization or company team, donate to support an employee team, or participate in the walk itself.

Sponsor an *Out of the Darkness* Community Walk – Sponsorship packages are detailed in this packet and help us make the walks a success while getting your business name recognized in the community.

Form a Team – Many organizations, groups, and companies form teams and walk with us to help bring suicide *Out of the Darkness*.

Support Our Walkers – Supporting Walkers with donations, corporate support, and Matching Gifts helps them achieve their goals and furthers your support of AFSP's programs and research.

Walk to Raise Funds. Walk to Honor Loved Ones. Walk to Save Lives.

*** All Donations to AFSP are tax deductible – AFSP is a registered 501(c)3 not-for-profit organization. ****

AFSP 120 Wall Street, 29th Floor, NY, NY 10005
AFSP 501(c)3 Tax ID# 13-3393329 utah@afsp.org

2019 Sponsorship Opportunities

American Foundation for Suicide Prevention

Out of the Darkness Community Walk Sponsorships:

Event Sponsors are an important part of the Utah *Out of the Darkness* Community Walks and are an excellent way for your organization to **support the community**, show your concern for Utah residents and demonstrate your support of mental health initiatives.

Sponsors can select any of the options listed below for any or all of the Utah *Out of the Darkness* Walks or contact us for details and we would be glad to discuss creating a **customized sponsorship package** for you.

Sponsor Benefits	Platinum Lifesaver All 5Walks	Gold Lifesaver Single Walk	Silver Lifesaver Single Walk	Bronze Lifesaver Single Walk
Complimentary Event T-Shirts	10	5	2	1
Company Signage at Event *(Banner Supplied by Sponsor)*	✓			
Recognized on Event Signage Along Route	✓	✓		
Exhibitor Space Provided at Event	✓	✓		
Logo Included on Event T-Shirt *(Time Permitting)*	✓	✓	✓	
Logo Included in Event Printed Materials *(Time Permitting)*	✓	✓	✓	✓
Logo Displayed on Walk Website	✓	✓	✓	✓
Logo Included in Emails and Communications	✓	✓	✓	✓
Recognition on Chapter Social Media	✓	✓	✓	✓
Recognition at Event	✓	✓	✓	✓
Package Cost	$2,500 All 5 Walks	$1,000 Single Walk	$500 Single Walk	$250 Single Walk

AFSP 120 Wall Street, 29th Floor, NY, NY 10005
AFSP 501(c)3 Tax ID# 13-3393329 utah@afsp.org

American Foundation for Suicide Prevention

2019 Utah *Out of the Darkness* Community Walks Sponsorship Confirmation

We are proud to support the Utah *Out of the Darkness* Community Walks for suicide prevention and authorize AFSP and the AFSP Utah chapter to use our name and/or logo in printed and electronic materials consistent with our sponsorship selection listed below.

Please specify one or more Walk(s) that Your Organization is Sponsoring:

☐ SLC ☐ Cedar City ☐ Vernal ☐ Box Elder ☐ St. George

- ❑ Platinum Lifesaver Sponsor $2,500.00
- ❑ Gold Lifesaver Sponsor $1,000.00
- ❑ Silver Lifesaver Sponsor $500.00
- ❑ Bronze Lifesaver Sponsor $250.00
- ❑ We are unable to sponsor, but would like to make a donation of $_____ to support AFSP.

Company Name_____ Website:_____

Contact:_____ Email:_____

Address:_____ City:_____

State:_____ Zip Code:_____

Phone:_____ Other:_____

- ❑ *Our Check is Enclosed*
- ❑ *Please Invoice*
- ❑ *I would like to pay by credit card*

CC#_____

Expiration Date:_____

Security Code:_____

***Payment and logos must be received 5 weeks prior** to event date in order to be included on Out of the Darkness Community Walk T-Shirts. Regardless of confirmation date, all Utah Walk Sponsors will receive recognition on the walk web pages and at the events themselves in accordance with their sponsorship package selection.*

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: walks@afsp.org |

Mail: AFSP, ATTN: OOTD WALKS, 120 Wall Street, 29th FL, New York, NY 10005

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

American Foundation for Suicide Prevention

AFSP Tax ID# 13-3393329

American Foundation for Suicide Prevention

AFSP's Impact in Utah

Founded in 2010 by dedicated Volunteers, the AFSP Utah Chapter has steadily increased its activities.

Providing resources and educational materials to schools, partnering with other health related organizations for events and presentations, increasing advocacy efforts at the State and Federal levels for increased attention to mental health concerns, the Chapter continues to add value to our local communities *with the help of generous Sponsors, Donors, and Volunteers.*

- Materials and Support for the More Than Sad film program to high schools. We shared, Talk Saves Lives, to over 2000 individuals. Provided safeTALK and ASIST Gatekeeper Trainings throughout the state including training trainers to provide trainings in local communities.
- Provided Adult and Youth Mental Health First Aid Trainings.
- Hosted 5 International Survivors of Suicide Day healing conferences.
- Four *Out of the Darkness* Community and two *Out of the Darkness* Campus Walks to help reduce stigma. Ride to Fight Suicide in Ogden
- Advocacy efforts at both State and Federal levels to increase the emphasis on mental health concerns. Awarded ***OVERALL Chapter of the Year*** by our National Office for local efforts.

There is Hope. There is Help.

Together We Can Prevent Suicide.

AFSP 120 Wall Street, 29th Floor, NY, NY 10005
AFSP 501(c)3 Tax ID# 13-3393329 utah@afsp.org

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 _____ **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 FAX, MAIL, or EMAIL THIS AGREEMENT TO:

The American Foundation for Suicide Prevention
120 Wall Street, 29th Floor
New York, NY 10005
Phone: 888-333-AFSP (2377) * Fax: 212-363-6237 * Email: walks@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

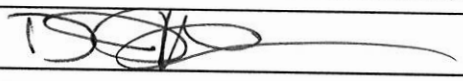
1	3	–	3	3	9	3	3	2	9

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.*