

# Walk to Fight Suicide

Out of the Darkness<sup>™</sup>  
Community Walks:

**Sponsorship Opportunities**

Blair County Out of the Darkness Walk

[afsp.org/blair](https://afsp.org/blair)



Foundation  
for Suicide  
Prevention

OUT OF THE  
DARKNESS  
Community Walks



**American  
Foundation  
for Suicide  
Prevention**



March 30, 2021

Dear Friend and Community Leader,

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

Partner with us as an event sponsor as we celebrate the 11<sup>th</sup> annual Blair County *Out of the Darkness* Walk, taking place on September 19, 2021 at Lakemont Park.

**Why support the Blair County *Out of the Darkness* Walk?**

Suicide is a leading cause of death – and it is preventable. With your support, we'll be one step closer to achieving our bold goal of reducing the suicide rate 20% by 2025.

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

Our walkers are passionate supporters of the cause, with 78% of online registrants indicating a personal investment in suicide prevention. And goodwill goes a long way: 91% of global consumers are likely to switch brands to one associated with a good cause, given comparable price and quality.<sup>1</sup>

Not only are consumers making purchase decisions with purpose top of mind, they are also buying and advocating for purposeful brands. 72% of consumers would recommend a brand that supports a good cause over one that doesn't.<sup>2</sup>

Sponsor the Blair County walk and show our community that you're a voice for suicide prevention.

**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.

I look forward to discussing our 2021 sponsorship opportunities and benefits with you in more detail.

For more information, please contact:

Cindy James, Walk Chairperson

Phone: 814-693-3023

Email: [cjames@blairco.org](mailto:cjames@blairco.org)

*Enclosures*

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<sup>1</sup> [2013 Cone Communications/Echo Global CSR Study](#)

<sup>2</sup> [Edelman goodpurpose® 2012](#)



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**WE HOPE YOU WILL CONSIDER BEING A SPONSOR FOR THE 11<sup>TH</sup> ANNUAL BLAIR COUNTY OUT OF THE DARKNESS COMMUNITY WALK BEING HELD ON SEPTEMBER 19, 2021 AT LAKEMONT PARK.**

Through your donation to the Out of the Darkness Community Walk, you will have the opportunity to support the nation's leading non-profit organization dedicated to understanding and preventing suicide through research, education and advocacy, and to reach out to people with mental disorders and those impacted by suicide. The Central PA Regional Committee of AFSP works hard throughout the year to fund programming and activities to prevent suicide and to support survivors of suicide loss. Some of our accomplishments include:

- Holding ten successful Out of the Darkness Community Walks/Events in Blair County beginning in 2011. Our **11<sup>th</sup>** walk will be held Sunday, September 19, 2021.
- Sponsoring the 2021 Altoona Curve event that will focus on raising awareness of mental health and suicide prevention resources in Blair County.
- Active and ongoing marketing efforts to raise awareness of suicide risk and improve help-seeking in the community.
- Providing financial support for International Survivors of Suicide Loss Day (ISOSL DAY) each year. This is an annual event in which survivors of suicide loss gather in locations around the world to feel a sense of community and to promote healing. This year's event is scheduled for November 20, 2021.
- Offering of 'comfort totes/blankets' to those who have experienced a suicide loss.
- Support of the Suicide Bereavement Support Group
- Holding educational trainings to schools, local agencies and businesses on suicide risk, warning signs and identifying local resources. Trainings include: Mental Health First Aid, QPR, & Talk Saves Lives.
- Developed Life-Line Cards for Blair County High School Seniors and funded the development of the Columbia Protocol App.

**BLAIR COUNTY OUT OF THE DARKNESS WALK**



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## **2021 SPONSORSHIP LEVELS**

### **Silver Level Sponsor** | A donation of \$250.00

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
- A vendor table at the walk
- Your company's name listed in the walk program

### **Gold Level Sponsor** | A donation of \$500.00

Benefits Include:

- Silver Level Sponsorship Benefits listed Above
- Your logo on the back of participant t-shirts (over 300 shirts with your company logo)
- 2 complimentary Out of the Darkness t-shirts
- Your company's name on a sign along the walk path
- Your Company logo on the Blair County Walk Website
- Your Company recognized in announcements at the Walk

### **Platinum Level Sponsor** | A donation of \$800.00

Benefits Include:

- Silver and Gold Level Sponsorship Benefits listed Above
- Your Company recognized on Walk Social Media Outlets
- Recognized as a Walk Sponsor at a Friday Night Altoona Curve Game in August



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## Blair County Out of the Darkness Community Walk 2021 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:**

- **Platinum Level Sponsor** | Donate \$800
  
- **Gold Level Sponsor** | Donate \$500
  
- **Silver Level Sponsor** | Donate \$250

**OR**

**In-Kind Sponsorship:**

Product: \_\_\_\_\_

OR Service: \_\_\_\_\_

Fair market Value\* (product or service): \$ \_\_\_\_\_

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     Call me to process payment via phone
- 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 August 14, 2021**

**Logo Specifications (where applicable): 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 high-resolution image files (.jpeg, .png). **If high-resolution (vector or image) logo file is not provided, company name will appear on shirts and/or website as text, only.**

Please sign and **upload** this agreement & logo to: [cjames@blairco.org](mailto:cjames@blairco.org)

*If preferred, mail signed form with payment to:* **Email:** [cjames@blairco.org](mailto:cjames@blairco.org) | **Mail:** Blair County Department of Social Services Attn: Cindy James, 423 Allegheny Street, Suite 441B Hollidaysburg PA 16644

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

American Foundation for Suicide Prevention  
AFSP Tax ID# 13-3393329



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## 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

**in the** \_\_\_\_\_ **Walk.**  
Altoona, PA  
Walk Location (CITY/STATE)

This is a  Community Walk  Campus Walk

**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.*

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

**American Foundation for Suicide Prevention (AFSP), Attn: OOTD Walks  
199 Water Street, 11<sup>th</sup> Floor, New York, NY 10038**

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](mailto:DataEntry@afsp.org).

**Thank you for your contribution!**



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## In-Kind Gift Confirmation

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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:**

**American Foundation for Suicide Prevention (AFSP)  
199 Water Street, 11<sup>th</sup> Floor  
New York, NY 10038**

**Phone: 888-333-AFSP (2377) \* Fax: 212-363-6237 \* Email: [DataEntry@afsp.org](mailto:DataEntry@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.*

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](mailto:DataEntry@afsp.org).

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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. <b>American Foundation for Suicide Prevention</b>	
	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) ▶ _____ <small>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.</small> <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. <b>199 Water Street, 11<sup>th</sup> Fl</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>New York, NY 10038</b>	
	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 ▶ 08/28/2019

### 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.*