

Walk to Fight Suicide

Ocala
Out of the Darkness™
Community Walk:

Sponsorship Opportunities





**American
Foundation
for Suicide
Prevention**



Dear Friend and Community Leader,

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

We hope you partner with us as an event sponsor for the 2021 *Ocala Out of the Darkness Walk*, taking place on Saturday, October 30, 2021 at Shalom Park.

Why support the Ocala Out of the Darkness Walk?

Suicide is the 8th leading cause of death in the state of Florida, and the 10th leading cause of death in the United States. Suicide is preventable and with your support, we'll be one step closer to achieving our bold goal of reducing the suicide rate 20% by 2025. Our Walk is a place where we use our voices and share our stories to fight suicide, raise awareness, educate our communities, support those who have lost loved ones, and support those with lived experience. [Become a sponsor and become a voice for suicide prevention.](#)

Though there are many unknowns, there are two things we know for sure:

- *We remain dedicated to providing our community with opportunities to connect, heal, share stories, create impact, and show those who struggle that they are not alone.*
- *Mental health and suicide prevention are more important than ever, and we're confident that with your help we can reach more people than ever before.*

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

Funds raised from The *Ocala Out of the Darkness Walk* 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. **#TogetherToFightSuicide**

For more information, please contact:

Sarah Clark

Area Director, North Florida Chapter

561-392-7877

sclark@afsp.org



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**OCALA OUT OF THE DARKNESS COMMUNITY WALK
SPONSORSHIP LEVELS
SATURDAY, OCTOBER 30, 2021
WWW.AFSP.ORG/OCALA**

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 company name on the 2021 Ocala Out of the Darkness Community Walk website

Silver Level Sponsor | Donate \$500

Benefits Include:

- Bronze Level Sponsorship Benefits listed Above
- Your logo on the 2021 Ocala Out of the Darkness Community Walk website with a link to your website
- Your logo on the Ocala Out of the Darkness Walk t-shirts
- 2 complimentary Ocala Out of the Darkness Community Walk t-shirts
- Opportunity to have table at our event with your resources (*subject to terms of AFSP Tabling Agreement*)

Vendors are responsible for bringing their own table, chairs, and materials

Gold Level Sponsor | Donate \$1,000

Benefits Include:

- Bronze & Silver Level Sponsorship Benefits listed Above
- 4 complimentary Ocala Out of the Darkness Community Walk t-shirts
- Company will be featured and highlighted on our North Florida Chapter's social media accounts at least four times
- Your company listed as sponsor in at least two mailings of the Ocala Walk eNewsletter

Platinum Level Sponsor | Donate \$2,000

Benefits Include:

- Bronze, Silver, & Gold Level Sponsorship Benefits listed Above
- 8 complimentary Ocala Out of the Darkness Community Walk t-shirts
- Company logo will be listed as Platinum Sponsor on Chapter Facebook cover photo
- Company will be featured and highlighted on our North Florida Chapter's social media accounts at least eight times
- Company logo will be listed as Platinum Sponsor on North Florida Chapter website (www.afsp.org/northflorida)
- Your company listed as Platinum sponsor in all mailings of the Ocala Walk eNewsletter *AND* the North Florida Chapter eNewsletter.
- Company will have logo on Platinum Sponsor Signage at Walk



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OCALA 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 \$2,000
- Gold Level Sponsor** | Donate \$1,000
- Silver Level Sponsor** | Donate \$500
- Bronze 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
- 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 24th

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 upload this agreement, logo, & Website link or you can mail/email:

Email: sclark@afsp.org | **Mail:** AFSP, ATTN: Sarah Clark, P.O. Box 916294, Longwood, FL 32791

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

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.

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 this line. Enter the classification code in the box to the right of the box checked. <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Individual/sole proprietor or single-member LLC</td> <td style="border: none;"><input checked="" type="checkbox"/> C Corporation</td> <td style="border: none;"><input type="checkbox"/> S Corporation</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> Trust/estate</td> </tr> </table> Participant's First & Last _____	<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	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>
<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			
	5 Address (number, street, and apt. or suite no.) See instructions. 199 Water Street, 11th FL	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									
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.

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.