

Walk to Fight Suicide

Out of the Darkness™
Community Walks:

2021 Sponsorship Opportunities

Sioux Falls Community Walk

afsp.org/SiouxFalls



Foundation
for Suicide
Prevention

OUT OF THE
DARKNESS
Community Walks



**American
Foundation
for Suicide
Prevention**



January 29, 2021

Dear Community Leader,

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

Partner with us as a Lifesaver event sponsor for the 2020 Sioux Falls, SD *Out of the Darkness* Walk, taking place on September 25th, 2021.

Why support the Sioux Falls *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.¹

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.²

Sponsor the Sioux Falls Out of the Darkness 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:

Angela Drake

Board Chair / Walk Chairperson

SOUTH DAKTOA CHAPTER

Out of the Darkness Sioux Falls Walk

(605) 214-3490

Angela.afsp@gmail.com

Enclosures

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

² [Edelman goodpurpose® 2012](#)



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2021 OUT OF THE DARKNESS SIOUX FALLS COMMUNITY WALK SPONSORSHIP LEVELS

HOPE 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 tagged on our Chapter's Facebook and Instagram accounts as proud sponsors.

SUPPORT Sponsor | Donate \$500

Benefits Include:

- All sponsorship benefits listed above
- Your business logo on the back of walker t-shirts.
- Opportunity to include promotional item in walker gift bags
- Your logo on the Sioux Falls website that links to your company's website.

PREVENTION Sponsor | Donate \$1,000

Benefits Include:

- All level sponsorship benefits listed above
- Your company recognized in announcements at event.
- Your company listed in 2 mailings of the 2021 Sioux Falls Out of the Darkness Walk eNewsletter.
- Informational booth at the walk – Subject to application and terms of AFSP Tabling Agreement.

CHANGE MAKER Sponsor | Donate \$5,000

Benefits Include:

- All level sponsorship benefits listed above
- Onsite presentation at your company about AFSP
- Your company in 4 mailings of the 2021 Sioux Falls Out of the Darkness Walk eNewsletter.
- Tent for your company walk team at the event.

LIFESAVER Sponsor | Donate \$10,000

Benefits Include:

- All sponsorship benefits listed Above
- 10 complimentary Sioux Falls Out of the Darkness Walk t-shirts
- Your company listed as sponsor in 6 mailings of the 2021 Sioux Falls Out of the Darkness eNewsletter.
- Your company listed as a sponsor during Talk Save Lives Presentations in South Dakota.
- Flexibility to meet with the walk committee and add opportunities to expand your company's presence

At Any Sponsorship Level You Can Create A Corporate Team

- Start a corporate team and have the individual member jointly fundraise towards a set goal. Receive special benefits for walkers.



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Out of the Darkness Sioux Falls 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:

- Lifesaver Level Sponsor | Donate \$10,000
- Change Maker Level Sponsor | Donate \$5,000
- Prevention Level Sponsor | Donate \$1,000
- Support Level Sponsor | Donate \$500
- Hope 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 21, 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: www.afsp.org/walksponsors

If preferred, mail signed form with payment to: AFSP attn: Angela Drake 1040 N Main Ave unit D Tea, SD 57064

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



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**OUT OF THE
DARKNESS**

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

**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 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) _____

5 Address (number, street, and apt. or suite no.) See instructions.
199 Water Street, 11th FL

6 City, state, and ZIP code
New York, NY 10038

7 List account number(s) here (optional)

Requester's name and address (optional)

(Applies to accounts maintained outside the U.S.)

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

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or

Employer identification number

1	3	-	3	3	9	3	3	2	9
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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 ▶ 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.