

Walk to Fight Suicide

2021 Burlington County Sponsorship Opportunities

afsp.org/burlingtonco



American
Foundation
for Suicide
Prevention





Burlington County Out of the Darkness Walk October 16, 2021

Dear Friend and Community Leader,

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

Partner with us as a sponsor for the *2021 Burlington County Out of the Darkness Walk*, taking place on Saturday, October 16, 2021 at Laurel Acers Park in Mount Laurel, NJ.



Why support the *Burlington 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. 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.

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

Funds raised allow us to fund research, create educational programs, advocate for public policy, and support survivors of suicide loss. Our chapter is committed to spending these funds locally. With your support we will be able to host educational programs and provide support to survivors of suicide loss right here in Burlington County.

Your support of AFSP will save lives as we continue to bring hope, research, and raise awareness and support for those with lived experience and those who have suffered a suicide loss.

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

Sincerely,

Kyra Berry, Walk Chair
AFSP NJ Chapter
Burlington County Out of the Darkness Walk
kyra.berry4@gmail.com

Michelle Vorpahl, NJ Associate Area Director
AFSP NJ Chapter
Burlington County Out of the Darkness Walk
mvorpahl@afsp.org | 609.234.1600



**American
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BURLINGTON COUNTY OUT OF THE DARKNESS COMMUNITY WALK 2021 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 company name on the Burlington County Walk website

Silver Level Sponsor | Donate \$500

Benefits Include:

- Bronze Level Sponsorship Benefits listed Above
- Your logo on the back of the Burlington County Walk T-shirts
- 2 complimentary Burlington County Walk T-shirts
- Opportunity to include promotional item at event
- Your company logo on the Burlington County Walk Website

Gold Level Sponsor | Donate \$1,000

Benefits Include:

- Bronze & Silver Level Sponsorship Benefits listed Above
- Your company recognized in announcements at event.
- 4 complimentary Burlington County Walk T-shirts
- Your company listed as a sponsor in 2 eblasts of the Burlington County Walk eNewsletter.
- Sign at event listing your company as an event sponsor
- One (1) mention on American Foundation for Suicide Prevention – New Jersey Chapter Facebook page

Platinum Level Sponsor | Donate \$2,500

Benefits Include:

- Bronze, Silver, & Gold Level Sponsorship Benefits listed Above
- 10 complimentary Burlington County Walk T-shirts, please provide sizes wanted.
- Your company listed as a sponsor in 4 eblasts of the Burlington County Walk eNewsletter.
- One virtual presentation for your company about AFSP
- Walk Day Information/Exhibit Table (*subject to application and terms of AFSP Tabling Agreement*).
- Two (2) mentions on American Foundation for Suicide Prevention – New Jersey Chapter Facebook page

Community Leader Sponsor | Donate \$5,000

Benefits Include:

- Bronze, Silver, Gold & Platinum Level Sponsorship Benefits listed Above
- 16 complimentary Burlington County Walk T-shirts
- Virtual walk kickoff event for your company (usually 1 month before the walk)
- Team Tent on walk day
- Banner with your company's name and logo
- Walk Day Information/Exhibit Tent (*subject to application and terms of AFSP Tabling Agreement*).
- Speaking Opportunity during pre-walk event program

Customized Benefits Available



BURLINGTON 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:

- Community Leader Sponsor** | Donate \$5,000
- Platinum Level Sponsor** | Donate \$2,500
- 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 10, 2021.

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: mvorpahl@afsp.org

Mail: AFSP NJ, ATTN: BURLINGTON COUNTY OOTD Walk, P.O. Box 3068, Hoboken, NJ 07030

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 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.
199 Water Street, 11th Floor

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

7 List account number(s) here (optional)

Requester's name and address (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:

- 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 ▶ <u>1/27/2020</u>
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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.