

Walk to Fight Suicide

Out of the Darkness™
Community Walks:

Sponsorship Opportunities

Charlotte County Out of the Darkness Walk

afsp.org/CharlotteCo



American
Foundation
for Suicide
Prevention



SPONSORSHIP OPPORTUNITIES & BENEFITS

For more information or to design a custom sponsorship plan, please contact:

Name: Tara Larsen

Title: Central and Southern Florida Area Director

Email: tsullivan@afsp.org

Phone: 407-415-8757

DIAMOND LEVEL
\$5,000

PLATINIUM LEVEL
\$2,000

GOLD LEVEL
\$1,000

SILVER LEVEL
\$500

BRONZE LEVEL
\$250

SPONSOR BENEFITS

Sponsor tent at walk (may provide own branded tent)***

Sponsor Logo on walk flyer (approx. 2,000 printed)

AFSP Lunch and Learn for your employees

Sponsor recognition in walk press release

Walk Day Information/Exhibit Table***

Sponsor recognition in electronic communications (min. 2)

Sponsor Recognition on Chapter Facebook Page (1,200 fans)

Company Logo/Name on walk website

Company Logo/Name on sponsor signage at walk venue

Logo on Walker t-shirts (approx. 500 printed)

Complimentary Walk T-Shirts (# shirts shown)

Verbal acknowledgement day of walk



12



8



6



4



2



*Please note logo placement opportunities on printed items are subject to production deadlines

*AFSP reserves the right to substitute any benefits listed for a benefit of equal value

***Subject to application and terms of AFSP Tabling Agreement



American
Foundation
for Suicide
Prevention



201 Sponsorship Agreement

Charlotte County, FL Out of the Darkness Community Walk

Please Print

Name/Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Phone: _____ Contact Email: _____

Company Web Address: _____

Please select one of two sponsorship options:

Cash Sponsorship:

- Diamond Level Sponsor | Donate \$5,000
- Platinum Level Sponsor | Donate \$2,000
- Gold Level Sponsor | Donate \$1,000
- Silver Level Sponsor | Donate \$500
- Bronze Sponsor | Donate \$250

OR

In-Kind Sponsorship (Product or Service):

Product: _____

OR Service: _____

Fair Market Value* (of product or service): \$ _____

Value Determined By: _____

*Value must be greater than or equal to min. sponsor level cash amount to qualify for sponsor benefits

Additional Options:

- Please send me information about forming a team for the walk
- Unable to sponsor, but please accept this donation \$ _____
- I was referred by (insert name/team/company): _____

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: _____

Method of Payment:

- Check Enclosed
- Amex
- Mastercard
- Call me to process
- Invoice Required
- Visa
- Discover
- payment via phone

Card No: _____

Exp Date: _____ Code: _____ Billing Zip: _____

Card Holder Name (if different than Contact Person Name): _____

Completed & Signed Agreement with Logo Due by Friday, 6HSWWK

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 email this signed agreement and company logo to: tsullivan@afsp.org

If preferred, you can mail signed form with payment to: **AFSP, ATTN: Charlotte County OOTD WALK,**

199 Water Street 11th FL, New York, NY 10038

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.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>American Foundation for Suicide Prevention</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>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.</p> <p> <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 </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>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.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) <u> 1 </u></p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>120 Wall Street, FL 29</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p> <p>New York, NY 10005</p>	
	<p>7 List account number(s) here (optional)</p>	

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

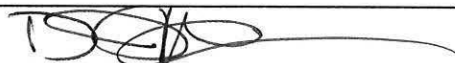
Under penalties of perjury, I certify that:

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 ▶ 1/17/2019

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.