



**American
Foundation
for Suicide
Prevention**



Out of the Darkness Greater Fort Hood Area Community Walk Sponsorship Levels

Bronze Level Sponsor | Donate \$250 - \$499

Includes:

- Tax-deductible donation & donation receipt
- Your logo on the back of walker t-shirts for the 2020 AFSP Greater Fort Hood Area Community Walk - has 500 Walkers!

Silver Level Sponsor | Donate \$500 - \$749

Includes:

- Bronze Level Sponsorship Benefits listed above
- Your logo on the 2020 AFSP Greater Fort Hood Area Community Walk website that links to your company's website.
- 2 complimentary AFSP Greater Fort Hood Area Community Walk t-shirts

Gold Level Sponsor | Donate \$750 - \$1499

Includes:

- Bronze & Silver Level Sponsorship Benefits listed above
- Your company recognized in announcements at event.
- 4 complimentary AFSP Greater Fort Hood Area Community Walk t-shirts
- Your company listed as sponsor in 2 mailings of Greater Fort Hood Area Community Walk eNewsletter. The eNewsletter has over 500 Subscribers!
- Sign at event listing your company as an event sponsor

Platinum Level Sponsor | Donate \$1500 or more

Includes:

- Bronze, Silver, & Gold Level Sponsorship Benefits listed above
- 10 complimentary AFSP Greater Fort Hood Area Community Walk t-shirts
- Your company listed as sponsor in 4 mailings of Greater Fort Hood Area Community Walk eNewsletter. The eNewsletter has over 500 Subscribers!
- One onsite presentation at your company's site about AFSP



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Out of the Darkness Greater Fort Hood Area Community Walk 2020 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 \$1500 or more
- **Gold Level Sponsor** | Donate \$750 - \$1499
- **Silver Level Sponsor** | Donate \$500 - \$749
- **Bronze Level Sponsor** | Donate \$250 - \$499

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 September 10, 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: OOTD WALKS, 199 Water St, 11th FL, New York, NY 10038

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



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In-Kind Gift Confirmation

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, 11th Floor
New York, NY 10038**

Phone: 888-333-AFSP (2377) * Fax: 212-363-6237 * Email: 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.

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.

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 FL

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

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See specific instructions on page 3.

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.

Social security number

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OR

Employer identification number

1	3	-	3	3	9	3	3	2	9
---	---	---	---	---	---	---	---	---	---

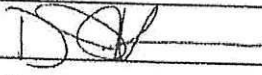
Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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-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.