Walk to Fight Suicide

Out of the Darkness™ Community Walks:

Sponsorship Opportunities

North Mississippi Out of the Darkness Walk

afsp.org/Tupelo

Foundation for Suicide Prevention

OUT OF THE DARKNESS Community Walks

Dear Friend and Community Leader:

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

Partner with us as an event sponsor for the 2021 North Mississippi *Out of the Darkness* Walk, taking place on Saturday, November 13th at Veterans Park in Tupelo, MS.

Why support the North Mississippi *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 North Mississippi 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:
Marsha Jensen
Walk Chair and Board Chair
North Mississippi Out of the Darkness
662-266-2727
Marsha_lynn_jensen@yahoo.com

Enclosures

[1] *2013 Cone Communications/Echo Global CSR Study*

[2] *Edelman goodpurpose® 2012*

Out of the Darkness North Mississippi Community Walk
Sponsorship Levels

Lifesaver Sponsor | Donate $250
Benefits Include:
- Tax-deductible donation & donation receipt
- Your company name on the North Mississippi Out of the Darkness Walk website.

Bronze Sponsor | Donate $500
Benefits Include:
- Tax-deductible donation & donation receipt
- Your logo on the North Mississippi website that links to your company's website.
- Your logo on the back of walker t-shirts. The North Mississippi walk has over 500 Walkers!
- Two (2) complimentary North Mississippi Walk t-shirts

Silver Sponsor | Donate $1,000
Benefits Include:
- Bronze Level Sponsorship Benefits listed Above
- Your company recognized in announcements at event
- Four (4) complimentary North Mississippi Walk Walk T-shirts
- Your company listed as sponsor in two (2) mailings of AFSP Mississippi eNewsletter. The AFSP Mississippi eNewsletter has over 4,000 Subscribers!
- Sign at event listing your company as an event sponsor

Gold Sponsor | Donate $2,500
Benefits Include:
- Bronze and Silver Level Sponsorship Benefits listed Above
- Six (6) complimentary North Mississippi Walk t-shirts
- Your company listed as sponsor in three (3) mailings of AFSP Mississippi eNewsletter
- One (1) virtual or onsite prevention education presentation at your company's site
- One (1) Sponsor Spotlight post on the AFSP Mississippi Chapter Facebook, Instagram, and Twitter pages
- Sponsor recognition during Kickoff event and during scheduled breaks during event day program
- Walk Day Information/Exhibit Table *(subject to application and terms of AFSP Tabling Agreement)*

Platinum Sponsor | Donate $5,000
Benefits Include:
- Bronze, Silver, and Gold Level Sponsorship Benefits listed Above
- 10 complimentary North Mississippi Walk t-shirts
- Your company listed as sponsor in four (4) mailings of AFSP Mississippi eNewsletter
- Two (2) Sponsor Spotlight posts on the North Mississippi Chapter Facebook, Instagram, and Twitter pages
- Promotional information or swag to provide to participants as incentives. Can be distributed at the event or via email.
- Press release announcing the sponsorship and including a quote from your company
- Opportunity to share brief remarks during the opening ceremony on event day

Out of the Darkness North Mississippi 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 $5,000
- **Gold Level Sponsor** | Donate $2,500
- **Silver Level Sponsor** | Donate $1,000
- **Bronze Level Sponsor** | Donate $500
- **Lifesaver Level Sponsor** | Donate $250

OR

In-Kind Sponsorship:

Product: _____

OR Service: _____

Fair market Value* (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:

☐ 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 8, 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

American Foundation for Suicide Prevention

AFSP Tax ID# 13-3393329

Offline Donation Form

This printable form is available for supporters who would like to donate to a participant offline via check, money order, or credit card. If you are an organization interested in sponsoring a walk, please contact the Walk Chair for an event Sponsor Form.

My contribution is supporting _____
Participant's First & Last

in the _____ **Walk.**
Walk Location (CITY/STATE)

This is a ☐ Community Walk ☐ Campus Walk

Donation Amount $ _____

Please Make Checks Payable to American Foundation for Suicide Prevention (AFSP)
(Please do not staple or tape checks to this form)

Donor Name (First & Last) _____

Street Address _____

City _____ State _____ Zip _____

E-mail* _____

Home phone _____ Work Phone _____

Check #_____ Visa _____ Master Card _____ Amex _____ Discover _____

Credit Card # _____

Expiration date _____ CVV# _____

Signature _____

An electronic receipt is automatically generated for **all donations and sent to the email address provided. The IRS will accept a canceled check as a receipt for all donations under $250. Donations of $250 and above will receive a written acknowledgment to the address provided.*

Mail this form and your check (please do not send cash) to:

American Foundation for Suicide Prevention (AFSP), Attn: OOTD Walks
199 Water Street, 11th Floor, New York, NY 10038

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.

Thank you for your contribution!

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.

American Foundation for Suicide Prevention

OUT OF THE DARKNESS

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

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

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

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 ▶ [signature] Date ▶ 1/27/2020

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.*