Together To Fight Suicide

Out of the Darkness™ Experience:

Sponsorship Opportunities

2021 Out of the Darkness Walk- Santa Monica
Saturday, October 23rd
afsp.org/LAWalk

Foundation for Suicide Prevention

OUT OF THE DARKNESS Community Walks

Dear Community Sponsor/Partner,

We are so excited to be able to be back together as a community this year to ***Save Lives and Bring Hope to Those Affected by Suicide***.

Though there are still many unknowns, there are a few things we know for sure:

- We are a strong and resilient community, united in our effort to fight suicide, raise awareness, educate our communities, support those who have lost loved ones, and support those with lived experience.

- We remain dedicated to providing communities across the nation with opportunities to connect, heal, share stories, create impact, and show those who struggle that they are not alone.

- Mental health and suicide prevention are more important than ever, and we're confident that with your help we can reach more people than ever before.

Why support the Santa Monica *Out of the Darkness* Experience?

Our community has always been the heart of the Out of the Darkness Walks. This year, we are working on a hybrid event to allow our community to reconnect safely both virtually, and in person. This Fall, the AFSP Chapters across Southern California will come together for a virtual opening ceremony at 8:00am on October 23rd, followed by an in-person event for Santa Monica at 10:00am on October 23rd at Third Street Promenade in Santa Monica. We will use our voices and share our stories to provide hope. Sponsor the 2021 Santa Monica Out of the Darkness Walk and show our community that you're a voice for suicide prevention.

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

Funds raised from the Out of the Darkness Experience will 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. **#TogetherToFightSuicide**

For more information, please contact:
Louisa Rocque
AFSP Area Director, Greater Los Angeles & Central Coast
424-327-7101
lrocque@afsp.org

Enclosures

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

[2] *Edelman goodpurpose® 2012*

SUICIDE PREVENTION STARTS WITH YOU

BY THE NUMBERS

SUICIDE IS THE

10th

leading cause of death in the US

In 2019,

47,511

Americans died by suicide

In 2019, there were an estimated

1.38 Million

suicide attempts

On Average, one person
died by suicide every **TWO** hours in California

SOUTHERN CALIFORNIA OUT OF THE DARKNESS EXPERIENCE
2021 SPONSORSHIP LEVELS

NOTE: Sponsor levels are PER selected AFSP Chapter and location (please see next page). If you'd like to sponsor multiple areas, please email lrocque@afsp.org. BONUS: *ALL sponsors receive* a regional spotlight in the Southern California Out of the Darkness opening ceremony on October 23rd, aired virtually at 8am, prior to our 10am in-person start time.

LIFESAVER Sponsor | Donate $10,000
Benefits Include:
- ☑ All BRONZE + SILVER + GOLD + PLATINUM Sponsorships Benefits Listed Below
- ☑ 10 complimentary t-shirts
- ☑ Named "Presenting Sponsor" in event related marketing *(includes press release)*
- ☑ Opportunity for check presentation and air-time during event livestream *(recorded)*
- ☑ Named 2021 *International Survivors of Suicide Loss Day* sponsor *(taking place on November 20, 2021)*

PLATINUM Sponsor | Donate $5,000
Benefits Include:
- ☑ All BRONZE + SILVER + GOLD Sponsorships Benefits Listed Below
- ☑ 8 complimentary t-shirts
- ☑ Recognition during event related promotions *(television, radio, etc.)*
- ☑ Opportunity to co-host National Suicide Prevention Week activity *(September 5-11, 2021)*
- ☑ Option for AFSP to setup a walk information and resource booth at company during Suicide Prevention Month. *(September 5-11, 2021)*

GOLD Sponsor | Donate $2,500
Benefits Include:
- ☑ All BRONZE + SILVER Sponsorships Benefits Listed Below
- ☑ 6 complimentary t-shirts
- ☑ Profile in e-blast to selected AFSP Chapter database
- ☑ 3-minute airtime during event livestream *(recorded)*
- ☑ 1 virtual presentation for your group about AFSP
- ☑ ROI meeting upon completion of event

SILVER Sponsor | Donate $1,000
Benefits Include:
- ☑ All BRONZE Sponsorships Benefits Listed Below
- ☑ 4 complimentary t-shirts
- ☑ Recognition via social media announcement on selected AFSP Chapter's accounts
- ☑ LOGO included in email announcement to registered participants
- ☑ LOGO included on the back of t-shirts
- ☑ Opportunity to have an exhibitor booth for an in-person walk
- ☑ 1-minute airtime during event livestream *(recorded)*

BRONZE Sponsor | Donate $500
Benefits Include:
- ☑ Tax-deductible donation & donation receipt
- ☑ 2 complimentary t-shirts
- ☑ LOGO included on event registration page with a link to your website
- ☑ LOGO added to sponsor slide displayed during event livestream
- ☑ Signage along the route listing your company as an event sponsor
- ☑ Opportunity to participate in virtual resource fair *(subject to terms of AFSP Tabling Agreement)*

WALK Sponsor | Donate $250
Benefits Include:
- ☑ Tax-deductible donation & donation receipt
- ☑ NAME listed on event registration page
- ☑ Opportunity to participate in virtual resource fair *(subject to terms of AFSP Tabling Agreement and Covid-19 restrictions)*

SOUTHERN CALIFORNIA OUT OF THE DARKNESS EXPERIENCE
2021 SPONSORSHIP AGREEMENT

Please Print

Name/Company: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Name: _____

Phone: _____ **Email:** _____

Company Website Address: _____

Please select ONE option from both boxes:
If you'd like to sponsor multiple areas, please email lrocque@afsp.org.

Sponsorship Level:

☐ **Lifesaver Level Sponsor** | Donate $10,000
☐ **Platinum Level Sponsor** | Donate $5,000
☐ **Gold Level Sponsor** | Donate $2,500
☐ **Silver Level Sponsor** | Donate $1,000
☐ **Bronze Level Sponsor** | Donate $500
☐ **Walk Level Sponsor** | Donate $250

AFSP Chapter + Location:

☐ **Inland Empire & Desert Cities** | Coachella Valley
☐ **Inland Empire & Desert Cities** | Inland Empire
☐ **Greater Los Angeles** | Pasadena
☐ **Greater Los Angeles** | San Luis Obispo
☐ **Greater Los Angeles** | Santa Monica
☐ **Greater Los Angeles** | Santa Barbara
☐ **Greater Los Angeles** | Ventura
☐ **San Diego** | San Diego
☐ **Orange County** | Orange County

Do you plan to participate in the virtual resource fair? *(This benefit is included in ALL sponsorship levels.)*
☐ Yes ☐ No

Additional Options:

☐ Call me, I am interested in forming a team.
☐ Unable to sponsor, but please accept this donation $_____
☐ Referred by (if someone referred you to us, please let us know):_____

Authorized Signature: _____ **Date:** _____
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.

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*): _____

Logo Specifications (where applicable): 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 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 – 100-7 Rancho Rd. #359, Thousand Oaks, CA 91362

American Foundation for Suicide Prevention
AFSP Tax ID# 13-3393329

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 FL

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 ▶ 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.*