

# Walk to Fight Suicide

Out of the Darkness™  
Community Walks:

**Sponsorship Opportunities**

Tri-Parish Walk

[afsp.org/TriParish](https://afsp.org/TriParish)



Foundation  
for Suicide  
Prevention

OUT OF THE  
DARKNESS  
Community Walks



**American  
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for Suicide  
Prevention**



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 Tri-Parish *Out of the Darkness* Walk, taking place on October 16th at Bayou Vista Community Center in Morgan City, LA.

**Why support the Bayou Region *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.<sup>1</sup>

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.<sup>2</sup>

Sponsor the Bayou Region 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 2020 sponsorship opportunities and benefits with you in more detail.

For more information, please contact:

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*Enclosures*

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<sup>1</sup> [2013 Cone Communications/Echo Global CSR Study](#)

<sup>2</sup> [Edelman goodpurpose® 2012](#)



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## **Out of the Darkness Bayou Region Community Walk Sponsorship Levels**

### **Bronze Sponsor | Donate \$250 | Benefits Include:**

- Tax-deductible donation & donation receipt
- Your company name on the Tri-Parish Walk website
- Your company name on the 2021 Tri-Parish Walk t-shirts
- Sign at event listing your company as an event sponsor
- Two (2) complimentary 2021 Tri-Parish Walk
- Lunch and learn for employees/customers (virtually or in-person with COVID-19 safety precautions) about suicide prevention

### **Silver Sponsor | Donate \$500 | Benefits Include:**

- Tax-deductible donation & donation receipt
- Your logo on the 2021 Tri-Parish Walk website that links to your company's website.
- Your logo on the back of the 2021 Tri-Parish Walk t-shirts
- Four (4) complimentary 2021 Tri-Parish Walk t-shirts
- Sign at event listing your company as an event sponsor
- Lunch and learn for employees/customers (virtually or in-person with COVID-19 safety precautions) about suicide prevention
- Your company's name and contact information listed in event program.

### **Gold Sponsor | Donate \$1,000 | Benefits Include:**

- Silver Level Sponsorship Benefits listed Above
- Your company recognized in announcements at event.
- Six (6) complimentary Tri-Parish Walk T-shirts
- Your company listed as sponsor in two (2) electronic mailings of Tri-Parish Walk eNewsletter.
- Sign at event listing your company as an event sponsor.

### **Diamond Sponsor | Donate \$2,500**

- Silver and Gold Level Sponsorship Benefits listed Above
- Eight (8) complimentary Tri-Parish Walk t-shirts
- Your company listed as sponsor in four (4) mailings of the Tri-Parish Walk eNewsletter.
- One onsite presentation at your company's site about AFSP
- Walk Day Information/Exhibit Table (*subject to application and terms of AFSP Tabling Agreement*)

### **Platinum Sponsor | Donate \$5,000**

- Silver and Gold Level Sponsorship Benefits listed Above
- 12 complimentary Tri-Parish Walk T-shirts
- Your company listed as sponsor in four (4) mailings of the Tri-Parish Walk eNewsletter.
- One onsite presentation at your company's site about AFSP
- Walk Day Information/Exhibit Table (*subject to application and terms of AFSP Tabling Agreement*)
- Opportunity to speak at the Tri-Parish Walk during opening ceremonies
- Your company logo predominately on the 2021 Tri-Parish Walk website
- Your company logo predominately featured on the 2021 Tri-Parish Walk T-shirts
- Your company logo on the 2021 Tri-Parish Walk posters and promotional materials



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## Out of the Darkness Tri-Parish 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
- **Diamond 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: \_\_\_\_\_

*\*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 October 15, 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](http://www.afsp.org/walksponsors)

**If preferred, mail signed form with payment to: AFSP, ATTN: OOTD WALKS, 199 Water St, 11<sup>th</sup> FL, New York, NY 10038**

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



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## 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, 11<sup>th</sup> 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](mailto:DataEntry@afsp.org).

**Thank you for your contribution!**



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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, 11<sup>th</sup> Floor  
New York, NY 10038**

**Phone: 888-333-AFSP (2377) \* Fax: 212-363-6237 \* Email: [DataEntry@afsp.org](mailto: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](mailto:DataEntry@afsp.org).**



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**Sponsor Information T-Shirts  
Please return to Walk Committee Members Only**

**Do not send with Sponsor Sheet**

Sponsor Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**Please CIRCLE your sponsorship level and note the number of sizes needed:**

Bronze \$250 – Two (2) Walk Shirts

S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2XL \_\_\_\_\_ 3XL \_\_\_\_\_

Silver \$500 – Four (4) Walk Shirts

S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2XL \_\_\_\_\_ 3XL \_\_\_\_\_

Gold \$1,000 – Six (6) Walk Shirts

S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2XL \_\_\_\_\_ 3XL \_\_\_\_\_

Diamond \$2,500 – Ten (10) Walk Shirts

S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2XL \_\_\_\_\_ 3XL \_\_\_\_\_

Platinum \$5,000 – Twelve (12) Walk Shirts

S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2XL \_\_\_\_\_ 3XL \_\_\_\_\_

**FOR COMMITTEE MEMBERS:**

1. Ensure this sheet is filled completely and returned immediately to Tyler Rousseau at [tyeeraee93@gmail.com](mailto:tyeeraee93@gmail.com). You will keep original or copy for your records.
2. Ensure that their sponsors receive the required amount Bayou Region walk shirts (when we receive them).



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**OUT OF THE  
DARKNESS**

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

**Request for Taxpayer  
Identification Number and Certification**

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

▶ Go to [www.irs.gov/FormW9](http://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 Floor**

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.

**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 ▶ 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](http://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.