All proceeds will benefit



American Foundation for Suicide Prevention

Sarge

MAY 19 2nd Annual

STAND UP FOR HOPE

6:30pm - 8:00pm Welcome Reception & Silent/Live Auction Travel, Jewelry, Art & Memorabilia!! 8:00pm Comedy Show Thirdgill

balm beach comedy theatre

Rick Corso

550 S Rosemary Ave #250 West Palm Beach, FL 33401

For Tickets:

Troy

https://afsp.org/standupforhope VIP: \$55 GENERAL ADMISSION: \$35 VIRTUAL(VIEW ONLLINE): \$16 *2 Drink Minimum per person (Alcohol or Non-Alcohol) -

Food available for purchase

for more info - Alan Mednick -781-879-8414 -amednick@hotmail.com







Thursday May 19 - 6:30pm - 10pm

SPONSORSHIP OPPORTUNITIES

\$5000 - HEADLINER

10 VIP Tickets

Sponsorship Table in Lobby & Theater
Mention on all Media Promotions
Prominent Recognition on AFSP Facebook Page
Prominent Logo Placement on PhotoBanner
Prominent Logo Placement on Improv TV's
& More

\$2000 - OPENING ACT

6 VIP Tickets

Mention on Media Promotions
Recognition on AFSP Facebook Page
Logo Placement on Photo Banner
Mentioned on Auction Promotion

\$1000 - PUNCH LINE

4 VIP Tickets

Logo & Mention on all Social Media
Logo & Mention on Website
Logo Placed on Photo Banner



2 VIP tickets

Mention in Program, Social Media Roognized at Event

For more info; Alan Mednick -(781)879-8414 or amednick@hotmail.com https://afsp.org/standupforhope



February 9, 2022

Dear Friend:

On Thursday, May 19 the Southeast Florida Chapter of the American Foundation for Suicide Prevention (AFSP) will be at the Palm Beach Improv Comedy Club and Dinner Theatre to host the 2nd Annual Stand Up for Hope. We will welcome over 300 guests to The Improv and Virtually through Zoom to raise money, and more importantly, to help save lives. We could not be more excited to welcome you to Stand Up for Hope and enjoy a night of Laughter for this special cause!

As members of AFSP's community and the *Stand Up for Hope* Event Committee, we are asking for your help this year, so that we can reach our goal of raising \$30,000 in support of critical education and prevention programs.

The American foundation for Suicide Prevention is the nation's leading non-profit exclusively dedicated to saving lives and bringing hope to those affected by suicide. We work with groups in Florida and across the nation, advocating for better mental health research and treatments; supporting families who have suffered a loss; and reducing the stigma surrounding mental illness and suicide.

Your support of Stand Up for Hope will directly benefit your friends and neighbors in Southeast Florida as you help:

- Provide mental health education and training for teachers, staff, parents and students with our More than Sad: Teen Depression curriculum for area high schools
- Support our Interactive Screening Program (ISP) to identify at-risk college students and police officers
- Implement AFSP's Talk saves Lives, a community-based presentation that covers the general scope of suicide research on prevention and what people can do to fights suicide
- Provide support to those who have suffered a loss with our Survivor Outreach Program
- Host International Survivors of Suicide Loss Day at locations statewide, bringing together survivors to connect with others who have survived the tragedy of suicide loss
- Provide caregivers training in Mental Health First-Aid and Suicide to Hope programs
- · Work to advocate for support for returning veterans and their families in Florida and nationally
- Educate our elected officials and other partners about opportunities to support suicide prevention at a state and local level through a State House Day as well as suicide prevention training for school personnel

There is still much to do, and we need your help. Please join us by being a Sponsor or donating a product, service or gift certificate to our silent and live auction at Stand Up for Hope. To contribute, please fill out the enclosed Sponsorship Donation Form.

For more information, or to learn other ways to become involved, please contact Alan Mednick, Event Chair, at (781)879-8414 or amednick@hotmail.com Many thanks for your interest and support!



With chapters in all 50 states, AFSP is leading the fight in suicide prevention. We create a culture that's smart about mental health through education and community programs, research and advocacy, and support for those affected by suicide.

Florida Chapters - Central, North, Panhandle, Southeast, Southwest & Tampa Bay



26

AFSP awarded new grants worth more than \$6.2M



\$1.3M

Donations



115

Educational programs delivered



650

Volunteers donated their time to #StopSuicide



28

Walks



46

State Capitol Days AFSP hosted in 46 states across the U.S.



8

International Survivors of Suicide Loss Day events



2022 Sponsorship Agreement



Stand Up for Hope Comedy Show

Please Print



American Foundation for Suicide Prevention

Southeast Florida

| Name/Company: | | | | |
|---|---|---------------------|--|---|
| Mailing Address: | | | | |
| City: | | State: | | Zip: |
| Contact Name: | | | | |
| Contact Phone: | | | Contact E | mail: |
| Company Web Addr | ess: | | | |
| , | Please | select one of two s | ponsorship op | otions: |
| Cash Sponsorship: Belly Laugh Sponsor Punch Line Sponsor Opening Act Sponsor Headliner Sponsor C Additional Options: | Donate \$1000 Donate \$2,000 Donate \$5,000 | OR ation \$ | Product: OR Service: Fair Market Value Deter "Value must cash amoun | Value* (of product or service): \$ |
| materials consistent with | our sponsorship selecti | | | te name and logo on all "Stand Up for Hope" |
| Authorized Signature: | | | | Date: |
| Method of Payment: Check Enclosed Invoice Required | □ Amex □ Visa | ☐ Mastero | | ☐ Call me to process payment via phone |
| Card No: | | | | |
| Exp Date: | Code: | | Billing Zip: | |
| Card Holder Name (if dil | ferent than Contact Pers | on Name): | | |
| Completed & Signed A | | | | x width is 80px) and we accept vector files |

Please sign and upload this agreement and company logo to: afspstandupforhope@gmail.com

If preferred, you can mail signed form with payment to: AFSP, ATTN: SUFH Southeast FL Chapter, 199 Water Street, 11th FL,

and/or high-resolution image files (.jpeg, .png). If high resolution (vector or image) file cannot be provided, company name will

New York, NY 10038

website as text, only.

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

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.

1 Name (as shown on your income tay return). Name is required on this line: do not leave this line black

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

| | Am | nerican Foun | dation for | Suicio | de Prev | rentic | on | | | | | | | | | | | | | | | | | |
|---|---|---|---------------------------------|--------------------|------------------------|----------|------------------|---------------------------|---------|--|---------------------------|---|---------|--------|---------------|---|---|---------------|----------|---------------|------------------|------|---|--|
| | 28 | lusiness namo/di | sregarded entit | ty name | , if differe | ent from | n above | • | | | | | | | | | | | | | | | | |
| page 3. | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only ene following seven boxes. | | | | | | | | | | | Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | | | | | | | | | | | | |
| 3.5 | | ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC | | | | | | | | | otate | Exempt payee code (if any) 1 | | | | | | | | | | | | |
| Print or type. Specific Instructions on | | ☐ 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. It LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless owner. If | | | | | | | | | | | ner. Do | the L | LC Is | | Exemption from FATCA reporting code (fl any) | | | | | | | |
| Principo In | D | another LLC th is disregarded Other (see instr | from the owner | r should | f check th | he арри | ropriate | box for th | e tax o | classif | | ts owne | ۴. | | | Shapes to accounts maintained outside the U.S.) | | | | | | | | |
| , <u>X</u> . | | | | | | | | | | | | | | | | e and | artir | Sness (| onti | nna! | | | | |
| | | | | | | | | | | Requester's name and address (options) | | | | | | | | | | | | | | |
| 8 | 199 Water Street, FL 11 | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 City, state, and ZIP code | | | | | | | | | | | | | | | | | | | | | | | |
| - L | New York, NY 10038 | | | | | | | | | | | | | | | | | | | | | | | |
| | 7 U | ist account numb | er(s) here (opti | ional) | | | | | | | | | | | | | | | | | | | | |
| Par | П | Taxpay | er Identifi | catio | n Num | ber | (TIN) | | | | | | | | | | | | | | | | | |
| Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid Social s | | | | | | | | | ecurit | ly n | umbo | r | | | | | | | | | | | | |
| backup withholding. For individuals, this is generally your social security number (SSN), However, for a | | | | | | | | | | | | \neg | | \neg | $\overline{}$ | $\overline{}$ | | | | | | | | |
| | resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other | | | | | | | | ш | | - | | -1 | - | | | | | | | | | | |
| | entities, it is your employer identification number (EIN). If you do not have a number, see How to get a | | | | | | a | _ | ш | \Box | ı | \perp | _ | ı | _ | _ | _ | | | | | | | |
| | TIN, later. | | | | | | | or | | | | | | | | | _ | | | | | | | |
| | | e account is in | | | | | | | e 1. A | /iso so | to What N | Varne a | nd | En | nploy | er ide | identification number | | | | 67 | | | |
| Number To Give the Requester for guidelines on whose number to enter. | | | | | | | | | | ll. | | . I. | | . | . I. | ١. | | | | | | | | |
| | | | | | | | | | | | | | | 1 | 3 | 1 | 3 | 3 9 | <u> </u> | 3 | 3 2 | 9 | _ | |
| Part | Ш | Certific | ation | | | | | | | | | | | | | | | | | | | | | |
| Under | pen | alties of perjury | . I certify tha | at: | | | | | | | | | | | | | | | | | | | | |
| 2. Lam Serv | not rice | nber shown on subject to bac (IRS) that I am or subject to ba | kup withhold subject to be | ding be ackup v | cause: (withhold | (a) Lan | n exem | npt from I | backu | up wit | hholding. | or (b) | I have | not | been | notif | ied | by th | ie Ir | nten | | | | |
| 3.1 am | aU | J.S. citizen or o | ther U.S. per | rson (de | efined be | elow); | and | | | | | | | | | | | | | | | | | |
| 4. The | FAT | CA code(s) en | tered on this | form (| fany) in | dicatir | ng that | Lam exe | mpt f | from I | FATCA re | porting | is co | rrect | _ | | | | | | | | | |
| you ha acquis | ve fa ition | on instructions ided to report all or abandonmer interest and divi | l interest and at of secured | divider proper | nds on ye ty, cance | our tax | return of det | . For real bt, contrib | estate | e tran s to a | sactions, in individua | item 2 al retire | does n | ot ap | oply. geme | For m | orti | gage and s | into | rest trail | paid, y, payr | ment | s | |
| Sign Here | | Signature of U.S. person ► | | | 133 | 1 | _ | | | | | 0 | ate 🗠 | 0 | 5/13 | 3/20 | 2 | 1 | | | | | | |
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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 (TIN), adoption taxpayer identification number (RIN), 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 1099-8 (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 allen), 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.