Walk to Fight Suicide

Out of the Darkness™ Community Walks: Sponsorship Opportunities

Paulding County- Hiram
Greys Mill Park- 186 Oak St.

afsp.org/paulding

American Foundation for Suicide Prevention
Georgia

OUT OF THE DARKNESS
Community Walks

SPONSOR A COMMUNITY WALK

You can be an everyday hero in the fight to stop suicide.

Paulding County
***Out of the Darkness* Walk**

Saturday, October 22nd
afsp.org/paulding

Today, support for mental health is needed more than ever and we are asking you to join us in the fight to stop suicide. By supporting the Northeast Georgia Walk, you are demonstrating that you support mental health and are committed to saving lives. As a sponsor, you will bring suicide *Out of the Darkness*, create a culture that is smart about mental health, and inspire others to keep going.

Why support the *Paulding County Out of the Darkness* Community Walk?

Suicide is a leading cause of death, and it is preventable. In 2019, national suicide rates declined in the U.S. for the first time in two decades and rates continued to decline in 2020. With your support, we'll be one step closer to achieving our bold goal to reduce the national suicide rate 20% by 2025.

The American Foundation for Suicide Prevention leads the fight to stop suicide.

Funds raised from the *Out of the Darkness* Walks allow AFSP to invest in research, create educational programs, advocate for public policy, and support survivors of suicide loss.

Build your brand's goodwill by supporting a cause everyone can get behind.

Our participants are passionate supporters of AFSP's mission to *save lives and bring hope to those affected by suicide*, with 78% of online registrants indicating a personal investment in prevention. Plus, 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 and show our community you're a voice for suicide prevention.

To recognize your support, we have developed a variety of options to elevate your brand awareness and align your business with a good cause! For information about sponsor levels and benefits, please see the enclosed **Sponsor Opportunities & Benefits** and **Sponsor Agreement.** Thank you for your consideration. We look forward to partnering with you to save lives!

With Hope,

Jessica Koalenz & John Grant
Paulding County Walk Co-Chairs
Jessica@tlccenterga.com;
jgrant@pauldingchamber.org

1. 2013 Cone Communications/Echo Global CSR Study
2. Edelman goodpurpose® 2012

American Foundation for Suicide Prevention Georgia

OUT OF THE DARKNESS Community Walks

Georgia's Impact in 2021

Your support helps save lives

With chapters in all 50 states, AFSP is leading the fight in suicide prevention. Our mission is to save lives and bring hope to those affected by suicide. We do so by creating a culture that's smart about mental health through education and community programs, research, advocacy, and support for those affected by suicide. Thank you for the important work you are doing to support suicide prevention.

30

Education programs delivered

6

Out of the Darkness™ Walks

278

Volunteers donating their time to #StopSuicide

2

International Survivors of Suicide Loss Day Events

7,200

Social media followers

1,182

Advocates who are fighting for local and federal policy change

37

New research grants awarded internationally, made possible through chapter fundraising efforts

afsp.org/Georgia

afspGeorgia | afsp_ga | afspga | afsp_ga

American Foundation for Suicide Prevention
Georgia

SPONSOR OPPORTUNITIES & BENEFITS

For more information please contact:		Lifesaver Sponsor $5,000	Empower Sponsor $2,500	AFSP Advocate Sponsor $1,000	Hope Sponsor $500	Friend of AFSP Sponsor $250
Kristen Petillo, Georgia Area Director **kpetillo@afsp.org or 404-275-3316** **Chelsea Piatt, Georgia Associate Area Director** **cpiatt@afsp.org or 470-514-7667**						
Sponsor Benefits	Sponsor logo listed on all printed, promotional materials for the Paulding Co. Walk	✔				
	Sponsor booth opportunity; 10x10 tent, table and chairs **provided by sponsor**	✔				
	Sponsorship of chapter-wide presentation of AFSP Prevention Education Program (e.g. *Talk Saves Lives*)*	2	1			
	One Prevention Education program delivered virtually to sponsor company associates.*	✔	✔	✔		
	Sponsor feature: 30 second mission moment to be shared on AFSP GA social media pages**	✔	✔	✔		
	Sponsor logo listed on email outreach to AFSP Georgia Chapter constituents	✔	✔	✔	✔	
	Sponsor logo listed on walk t-shirts	✔	✔	✔	✔	✔
	Sponsor logo and link to company website listed on the Walk website at www.afps.org/paulding	✔	✔	✔	✔	✔
	Complementary Paulding Co. Walk t-shirts	10	5	3	2	1

* *Programs will be delivered during CY 2022*
** *30 second mission moment to be created and submitted by sponsor*
Logo/name placement opportunities on printed items are subject to production deadlines AFSP reserves the right to substitute any benefits listed for a benefit of equal value

American Foundation for Suicide Prevention Georgia

OUT OF THE DARKNESS Community Walks

2022 SPONSOR AGREEMENT

Paulding County Out of the Darkness Walk

10/22/22 · Hiram, Georgia · www.afsp.org/paulding

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 (REQUIRED):_____ **Date (REQUIRED):**_____

(Please Print) Company Name: _____

Mailing Address:_____

City: _____ State: _____Zip Code: _____

Contact Name:_____Phone: _____

Email: _____Company Website: _____

T-shirt Size & QTY: Small:_____ Medium:_____ Large:_____ XLarge: _____ 2XLarge:_____ 3XLarge:_____ Other:_____

Sponsorship Selection

- ❑ **Lifsaver Sponsor | $5,000**
- ❑ **Empower Sponsor | $2,500**
- ❑ **AFSP Advocate Sponsor | $1,000**
- ❑ **Hope Sponsor | $500**
- ❑ **Friend of AFSP Sponsor | $250**

Additional Options

❒ **I am making an in-kind gift** *If you are donating goods or services, please complete the enclosed In-Kind Donation Form. In-kind gifts must have a fair-market cash value of $500+ to qualify for sponsor benefits.*

❒ **I am unable to sponsor, but please accept this gift of:** $ _____

❒ **I wish to be anonymous**

❒ **Our company would like to form a Walk Team**

❒ **I was referred by** (name/company)**:** _____

Payment Method

❒ **Check**

- Make Payable to: American Foundation for Suicide Prevention or AFSP
- Mail with this form to: AFSP, Attn: OOTD Walks, 199 Water Street, 11th Floor, New York, NY 10038

❒ **Credit Card**

- Secure credit card payments can be made at www.afsp.org/walksponsors

❒ **Invoice Requested** (invoices will be sent to email provided above)

Processing Instructions

Signed and submitted agreement with logo due by September 21st, 2022, to ensure inclusion on event t-shirt.

Logo specifications: T-shirt: Vector files (EPS, PS, PDF) to ensure logo integrity. **Website:** Stacked logos appear best (max width 80px) and image files only (JPEG, PNG).

Sponsors can sign agreement, upload logos, and pay by credit card at www.afsp.org/walksponsors.

Tax ID and financials at: www.afsp.org/financials.

Thank you for your generous support!

American Foundation for Suicide Prevention

OUT OF THE DARKNESS

2022 IN-KIND DONATION FORM

Paulding County Out of the Darkness Walk

10/22/22 Hiram, Georgia · www.afsp.org/paulding

Please Type or Print Legibly

Donor Information

Donor/Company Name: _____

Mailing Address: _____

City:_____ **State:**____ **Zip:**_____ **Website:** _____

Contact Name:_____ **Title:** _____

Email:_____ **Phone:** _____

Gift Information

Item(s) Donated: _____

Description: _____

_____

_____

_____

Restrictions (e.g. Exp Date)**:** _____

Fair-Market Cash Value: $ _____

** Donations with a fair-market cash value of $500+ may qualify for Sponsor Benefits*

Additional Options

❒ **My gift(s) has a fair market value of $500+ and I wish to receive Sponsor Benefits**

❒ **I wish to be anonymous**

❒ **Please contact me about forming a Walk Team**

❒ **I was referred by** (name/company)**:** _____

Processing Instructions & Important Deadlines

- **In-Kind Gift Delivery:** Please contact **Kristen Petillo at kpetillo@afsp.org** to coordinate delivery

Authorized Signature:_____ **Date:**_____

IRS/Tax Deduction Information: *AFSP will provide 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.*

TAX ID# 13-3393329

Thank You for Your Support!

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) ▶ **Nonprofit corporation exempt under IRS Code section 501(c)(3)**

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, FL 11

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 ▶ 11/23/2021

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.*