



WALK WITH US

TO PREVENT SUICIDE

Out of the Darkness™

Chicagoland Walk

Sponsorship Opportunities

Saturday, OCTOBER 21, 2023

9:00AM | Montrose Harbor | Chicago, IL

chicagowalk.org



American
Foundation
for Suicide
Prevention



OUT OF THE
DARKNESS
Community Walks

Become a Sponsor

Chicagoland Walk | October 21, 2023 | 9am | Montrose Harbor - Chicago



Today, support for mental health is needed more than ever and we are asking you to join us in the movement to prevent suicide. With your help, the Illinois Chapter will be able to maximize our mission impact by reaching and serving more people through our lifesaving programs and resources.

Why Support the Chicagoland Walk

Suicide is the 12th leading cause of death in the United States, and the suicide rate continues to rise. **In the state of Illinois, suicide is the 3rd leading cause of death for ages 10-34 and the 6th leading cause of death for ages 35-54.** Promising news is that a 2022 [Harris Poll](#) revealed that 75% of adults in the U.S. believe it is more important than ever to make suicide prevention a national priority. Your support will help bring [our work](#) to our local communities, while showing your customers and employees that you care about mental health and preventing suicide. **YOU can help us create a culture that is smart about mental health.**

Join Us in the Movement to Prevent Suicide

To recognize your support, we have developed a variety of options to elevate your brand awareness and align your business with an important cause. For information about sponsor levels and benefits, please see the enclosed **Sponsor Benefits** and **Sponsor Agreement**. *We are happy to work with you to meet your specific sponsorship needs.*

Thank you for your consideration. We look forward to partnering with you to save lives!

For more information, please contact:

Diana Cazares
Chicagoland Walk Chair
(312) 802.9714 | chicago@afsp.org





American Foundation for Suicide Prevention

Illinois

Your Support Helps Save Lives

With chapters in all 50 states and Puerto Rico, 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. Your support in 2022, helped the Illinois Chapter provide:



70+

Education programs delivered



20

Out of the Darkness™ Walks



800+

Volunteers donating
their time to
#StopSuicide



11

International Survivors
of Suicide Loss Day
Events



23,000+

Social media
followers



1,870+

Advocates who are fighting for
local and federal policy change



37

New research grants awarded
internationally, made possible through
fundraising efforts by all AFSP chapters.



	Lifesaver Sponsor \$25,000	Change Maker Sponsor \$10,000	Prevention Sponsor \$5,000	Support Sponsor \$2,500	Hope Sponsor \$1,000	 New Benefit Proud Sponsor Bookmark & Wildflowers Seed Pod
Presenting Sponsor naming rights with name/logo on advertising & promotional materials 50 Proud Sponsor bookmark & wildflowers seed pod	✓					    As a proud sponsor, share these with your employees, colleagues, friends and family.
Onsite walk tent with permission to distribute materials* 25 Proud Sponsor bookmark & wildflowers seed pod	✓	✓				
Featured placement of logo/sign on walk route, featured social media posting & emails 15 Proud Sponsor bookmark & wildflowers seed pod	✓	✓	✓			
Featured Mentions on social media & event day announcements 10 Proud Sponsor bookmark & wildflowers seed pod	✓	✓	✓	✓		
Talk Saves Lives™: Suicide Prevention Education for Workplace Settings to be presented by ASFP-IL in your workplace in-person or virtually.	✓	✓	✓	✓		
Logo placement on event materials: official t-shirt, website, emails, social media & e-newsletter. 5 Proud Sponsor bookmark & wildflowers seed pod	✓	✓	✓	✓	✓	

*Subject to AFSP approval.
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.

For more information or to design a custom sponsorship plan, please contact:
Diana Cazares, Chicagoland Walk Chair
(312) 802-9714 | chicago@afsp.org



2023 SPONSOR AGREEMENT

Chicagoland Walk

OCTOBER 21, 2023 · Montrose Harbor · Chicagowalk.org

We encourage you to submit this form, payment and logo securely online at afsp.org/walksponsors.

Sponsorship Selection

- Lifesaver Sponsor | Donate \$25,000
- Support Sponsor | Donate \$2,5000
- Change Maker Sponsor | Donate \$10,000
- Hope Sponsor | Donate \$1,000
- Prevention Sponsor | Donate \$10,000

Payment Methods

Invoice Needed

- Request an invoice and upload your logo at afsp.org/invoicerequest

Check

- Fill out form online and upload your logo at afsp.org/checksponsor
- Make Payable to: American Foundation for Suicide Prevention or AFSP
- Mail check with this form (if unable to complete online) to:
AFSP, Attn: OOTD Walks-Chicagoland Walk, 199 Water Street, 11th Floor, New York, NY 10038

Credit Card

- To make a secure credit card payment, fill out form online and upload your logo at afsp.org/ccsponsor

Logo Instructions:

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).

Signed sponsorship agreement with logo due by **SEPTEMBER 8, 2023**

Complete this section if sending a check and unable to fill out form online:

(Please Print Clearly)

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone (with Area Code): _____

Email: _____ Company Website: _____

I hereby authorize the American Foundation for Suicide Prevention and Out of the Darkness Walks to include our corporate name and/or logo on all "Out of the Darkness" materials consistent with our sponsorship selection and publication dates.

Authorized Signature: _____ Date: _____

AFSP Tax ID# 13-3393329. AFSP financials: www.afsp.org/financials.

Thank you for your generous support!

IN-KIND DONATION FORM

Out of the Darkness Chicagoland Walk

We encourage you to submit this form online at afsp.org/inkindsponsor.

Please Type or Print Legibly

Donor Information

Donor Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Website: _____

Contact Name: _____ Title: _____

Contact Email: _____ Phone: _____

Gift Information

Item(s)/Services Donated: _____

Description: _____

Restrictions (e.g. Exp Date): _____

Fair-Market Cash Value: \$ _____

** Donations with a fair-market cash value of \$1,000+ may qualify for Sponsor Benefits.*

Additional Options

My gift(s) has a fair-market value of \$1,000+ and I wish to receive Sponsor Benefits.

Processing Instructions & Important Deadlines

- **In-Kind Gift Delivery:** Please email chicago@afsp.org to coordinate delivery.
- **Sponsor Deadline:** **SEPTEMBER 8, 2023**. Submit this form online or email with logo to chicago@afsp.org.
- **Sponsor T-Shirt Deadline:** **SEPTEMBER 8, 2023**

I hereby authorize the American Foundation for Suicide Prevention and Out of the Darkness Walks to include our corporate name and/or logo on all "Out of the Darkness" materials consistent with our sponsorship selection and publication dates.

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!

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank</p> <p>American Foundation for Suicide Prevention</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>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.</p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ Nonprofit corporation exempt under IRS Code section 501(c)(3)</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) 1</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the U.S.)</i></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions</p> <p>199 Water Street, FL 11</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p> <p>New York, NY 10038</p>	
	<p>7 List account number(s) here (optional)</p>	

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 ▶ 02/01/2023
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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 (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.