



## Out of the Darkness Community Walks Sponsorship Opportunities

# WALK WITH US TO PREVENT SUICIDE

**Monroe County Out of the Darkness Walk  
September 28, 2025**

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



**American  
Foundation  
for Suicide  
Prevention**



# Become a Monroe County Community Walk Sponsor

The fight against suicide can make you a hero.

It is more important than ever to support mental health, and we invite you to join our movement to prevent suicide. By partnering with you, the Ohio Chapter will be able to reach and serve more people through our lifesaving programs and resources.

Why Support the Monroe County Walk:

- **Raise Awareness:** It helps to shine a light on the issue of suicide and mental health, encouraging open discussions that can reduce stigma.
- **Community Engagement:** These events bring people together, fostering a sense of community and support among participants, survivors, and those affected by suicide.
- **Fundraising:** Sponsoring a walk raises funds for vital research and programs that can make a direct impact on our mission.
- **Education:** Walks include information about warning signs, resources, and ways to help, empowering participants with knowledge they can share.
- **Promote Hope:** By participating, sponsors show solidarity with those struggling and send a powerful message that recovery is possible and that help is available.
- **Inspire Action:** Sponsoring such an event can motivate others to get involved, creating a ripple effect that enhances mental health support in the community.
- **Impacts our Local Community:** Feel free to add your state statistics, chapter impact, etc. here

Overall, it's an opportunity to make a positive difference and promote a culture of care and support.

We need your support!

The American Foundation for Suicide Prevention (AFSP) leads the fight against suicide. The American Foundation for Suicide Prevention (AFSP) leads the fight against suicide. Funds raised will be used to fund innovative research, develop and implement educational programs, advocate for public policy, and support local suicide loss initiatives.

We look forward to discussing our chapter engagement opportunities and benefits with you in more detail.

For more information, please contact:

Christi Block  
937-260-2635  
[joseph\\_block@sbcglobal.net](mailto:joseph_block@sbcglobal.net)





# Together, we're leading the fight against suicide.

Since 1987, the American Foundation for Suicide Prevention (AFSP) has grown from a grassroots network of researchers and volunteers into a national movement with chapters in all 50 states.

AFSP is also the largest private funder of suicide prevention research, and because we've built the infrastructure to deliver evidence-based programs to local communities across the country, our work impacts millions of people. We are consistently ranked one of the best charities for mental health, and we're powered by everyday heroes like you!



## Research

Discovering better ways to prevent suicide through research. Findings from our studies have shaped prevention efforts around the world. Today, AFSP is the leading private funder of suicide prevention research.



## Education

Delivering effective suicide prevention programs to schools, communities and workplaces, showing people how to recognize signs of distress and connect those suffering with help. Our Talk Saves Lives™ and More Than Sad programs have taught over a million people how to be smart about mental health.



## Support

Providing support through initiatives like Healing Conversations, which connects trained loss survivors with people whose grief is recent, and events across the country for International Survivors of Suicide Loss Day. The Interactive Screening Program, available for schools, workplaces, and other organizations, provides an anonymous way to engage with counselors, for those least likely to seek help.

## Advocacy

Pushing for key federal and state legislation, such as mandatory suicide prevention training for clinicians and educators, and funding for mental health resources, with the help of thousands of volunteer advocates across the country.



# Presenting Sponsor

## **Marketing Benefits:**

- Sponsorship of chapter-wide presentation of AFSP educational program (e.g. Talk Saves Lives).
- Company logo included on Save the Date postcard.
- Company logo included in Kickoff and Thank You event presentation slides.
- Complimentary table/ticket/invite to spring chapter event in 2025.
- Prominent listing in Walk e-blast.
- Listing in AFSP Ohio e-Newsletter.
- Thank you posts on AFSP Ohio Instagram and Facebook.
- Company logo with link to Company's website on Walk page.
- Company logo on promotional items (i.e., posters, flyers, yard signs, etc).
- Designated press release announcing partnership.
- Recognition in post Walk Thank You email.

## **Day of Benefits:**

- Recognition by emcee on Walk Day.
- Company logo included on Walk Day signage.
- Speaking opportunity during Walk's opening ceremony.
- Ribbon cutting/Announcement (or equivalent) opportunity at start of Walk.
- Promotional tent OR activity area sponsorship (e.g., Family Activity sponsored by your logo/name).
- Logo on route signage.
- Walk Team tent with provided company banner.
- Company name on Sponsor Banner
  - Deadline to receive this benefit - 9-14-25
- Logo on Walk t-shirt
  - Deadline to receive this benefit - 8-28-25

# Champion Sponsor

## Marketing Benefits:

- Prominent listing in Walk e-blast.
- Listing in AFSP Ohio e-Newsletter.
- Thank you posts on AFSP Ohio Instagram and Facebook.
- Company logo with link to Company's website on Walk page.
- Company logo on promotional items i.e. posters, flyers, yard signs, etc.
- Recognition in post Walk Thank You email.

## Day of Benefits:

- Recognition by emcee on Walk day.
- Company logo included on Walk day signage.
- Opportunity for Team to lead the start of Walk.
- Promotional tent OR activity area sponsorship (e.g. Family Activity sponsored by your logo/name) Company logo on route signage.
- Walk Team tent with provided company banner.
- Company name on Sponsor Banner
  - Deadline to receive this benefit - 9-14-25
- Logo on Walk t-shirt
  - Deadline to receive this benefit - 8-28-25

# Hope Sponsor

## **Marketing Benefits:**

- Listing in AFSP Ohio e-Newsletter.
- Thank you posts on AFSP Ohio Instagram and Facebook.
- Company logo with link to Company's website on Walk page.
- Company logo on promotional items i.e. posters, flyers, yard signs, etc.

## **Day of Benefits:**

- Recognition by emcee on Walk day.
- Company logo included on Walk day signage.
- Opportunity for Team to lead the start of Walk.
- Promotional tent OR activity area sponsorship (e.g. Family Activity sponsored by your logo/name) Company logo on route signage.
- Walk Team tent with provided company banner.
- Company name on Sponsor Banner
  - Deadline to receive this benefit - 9-14-25
- Logo on Walk t-shirt
  - Deadline to receive this benefit - 8-28-25



# Support Sponsor

**Marketing Benefits:**

- Listing in AFSP Ohio e-Newsletter.
- Thank you posts on AFSP Ohio Instagram and Facebook. Company name listed on Walk page.
- Company logo on promotional items i.e. posters, flyers, yard signs, etc.

**Day of Benefits:**

- Recognition by emcee on Walk day.
- Company logo included on Walk day signage.
- Company name on Sponsor Banner
  - Deadline to receive this benefit - 9-14-25
- Logo on Walk t-shirt
  - Deadline to receive this benefit - 8-28-25



# Advocate Sponsor

**Marketing Benefits:**

- Company name listed on Walk page.

**Day of Benefits:**

Recognition by emcee on Walk day. Company logo included on Walk day signage.

- Company name on Sponsor Banner
  - Deadline to receive this benefit - 9-14-25
- Logo on Walk t-shirt
  - Deadline to receive this benefit - 8-28-25



# SPONSOR AGREEMENT

## Monroe County Community Walk

This form, logo upload (if applicable), and payments can be completed online through the payment method links below.

	Presenting Sponsor   \$10,000
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	Champion Sponsor   \$7,500
	Hope Sponsor   \$5,000

	Support Sponsor   \$2,500
	Advocate Sponsor   \$1000

### Payment Methods

- Invoice Needed
    - Request an invoice and upload your logo (if your sponsorship level includes a logo) at [afsp.org/invoicerequest](https://afsp.org/invoicerequest)
  - Check
    - Fill out form online and upload your logo (if your sponsorship level requires a logo) at [afsp.org/checksponsor](https://afsp.org/checksponsor)
    - Make Payable to: American Foundation for Suicide Prevention or AFSP
    - Mail check with this or online form to: AFSP, Attn: OOTD Walks, 199 Water Street, 11<sup>th</sup> Floor, New York, NY 10038
  - Credit Card
    - To make a secure credit card payment, complete this form electronically and upload your logo (if your sponsorship level requires a logo) go to [afsp.org/ccsponsor](https://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). Logo is due by 9-05-2025

### Complete the Information Below & Send With Check Payment (only needed for mailing payment)

(Please Print)

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: \_\_\_\_\_

Tax ID and financials at: [www.afsp.org/financials](https://www.afsp.org/financials).

**Thank you for your generous support!**

# IN-KIND DONATION FORM

## Monroe County Community Walk

You may go to [afsp.org/inkindsponsor](https://afsp.org/inkindsponsor) to complete the information below online and/or upload your logo (if applicable)

Please Type or Print Legibly

### Donor Information

Donor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

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

Contact Title: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

### Gift Information

Item(s)/Services

Donated: \_\_\_\_\_

Description: \_\_\_\_\_

Restrictions (e.g. Exp Date): \_\_\_\_\_

Fair-Market Cash Value: \$ \_\_\_\_\_

\* Donations with a fair-market cash value will receive sponsorship benefits in line with half that value

### Processing Instructions & Important Deadlines

- In-Kind Gift Delivery: Please contact Christi Block at [joseph\\_block@sbcglobal.net](mailto:joseph_block@sbcglobal.net) to coordinate delivery.
- Sponsor Deadline: 9-14-25 Email signed agreement & logo to [joseph\\_block@sbcglobal.net](mailto:joseph_block@sbcglobal.net).
- Sponsor T-Shirt Deadline: 8-28-25

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>American Foundation For Suicide Prevention</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <b>1</b> Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>199 Water Street Floor 11</b> <b>6</b> City, state, and ZIP code <b>New York NY 10038</b> <b>7</b> List account number(s) here (optional)	<b>Requester's name and address (optional)</b>

## 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

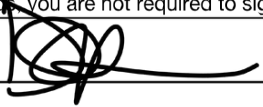
<b>Social security number</b>									
			-				-		
<b>or</b>									
<b>Employer identification number</b>									
1	3		-	3	3	9	3	3	2

## 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.

<b>Sign Here</b>	<b>Signature of U.S. person</b> 	<b>Date</b> <b>04/09/2024</b>
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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](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they