

# Minot ND Out of the Darkness Community Walks Sponsorship Opportunities



# WALK WITH US TO PREVENT SUICIDE

Sunday, September 7, 2025  
Oak Park - Shelter 7  
Minot ND

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



American  
Foundation  
for Suicide  
Prevention



OUT OF THE  
DARKNESS  
Community Walks

# Become an Minot Community Walk Sponsor



## You can be a hero in the fight against suicide.

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 North Dakota Chapter will be able to maximize our mission impact by reaching and serving more people through our lifesaving programs and resources. Partner with The American Foundation for Suicide Prevention (AFSP) as an event sponsor for the Minot Out of the Darkness Walk taking place on **Sunday, September 7, 2025**. Our mission to **Save Lives and Bring Hope to Those Affected by Suicide** would not be possible without the community engagement and our incredible business sponsors such as yourself.

The Minot Walk raised close to \$50,000 for Suicide Prevention and Awareness in the communities in and around the Minot area. The American Foundation has provided Prevention Education Programs in North Dakota with the amazing dollars raised from the 2024 Minot ND Out of the Darkness Community Walk.

The North Dakota Chapter won the prized Chapter of the Year Small Market Award (out of 74 AFSP Chapters) three consecutive years; 2023, 2024, 2025 at our annual AFSP Chapter Leadership Conference.

You can learn more about the North Dakota Chapter of AFSP by visiting our website at [afsp.org/NorthDakota](https://afsp.org/NorthDakota).

## Why Support the Minot ND Out of the Darkness Walk

- We have a strong and resilient community that's united in our effort to fight suicide, raise awareness, educate our communities, support those who have lost loved ones, and support those with lived experience.
- Mental health and suicide prevention are more important than ever, and we're confident that with your help, we can reach more people than ever before.
- Suicide is one of the leading causes of death for most age groups. Suicide is preventable. Mental health affects everyone, and it's going to take everyone's help to fight suicide.
- North Dakota is ranked number 9 out of 50 states for suicide deaths. Suicide is the *11th leading cause of death Nationally in our country*.
- ***In North Dakota suicide is the the second leading cause of death for those ages of 10-44.***

## We need your support!

AFSP leads the fight against suicide. The funds we raise will allow us to fund innovative research, create and implement educational programs, advocate for public policy changes, and support local initiatives for suicide loss survivors.

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

For more information, please contact:

Janet Harvey  
Minot ND Out of the Darkness Walk Chair  
Email: [jharvey@afsp.org](mailto:jharvey@afsp.org)  
Phone: 605-740-0883



American  
Foundation  
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OUT OF THE  
DARKNESS  
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# Minot Out of the Darkness Walk Sponsorship & Donation Benefits

| For more information, please contact:<br>Janet Harvey<br>Minot ND Out of the Darkness Walk Chair<br>Email: jharvey@afsp.org<br>Phone: 605-740-0883   | Presenting Sponsor<br>\$5,000       | Champion Sponsor<br>\$4,000         | Hope Sponsor<br>\$2,000             | Support Sponsor<br>\$1,500          | Advocate Sponsor<br>\$1,000 | Friends of AFSP<br>\$500 |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------|--------------------------|
| Your logo included on the <b>Save the Date</b> postcard.   | <input checked="" type="checkbox"/> |                                     |                                     |                                     |                             |                          |
| Opportunity to work directly with us to customize your sponsorship benefits  | <input checked="" type="checkbox"/> |                                     |                                     |                                     |                             |                          |
| Dedicated Presenting Sponsor press release announcing partnership  | <input checked="" type="checkbox"/> |                                     |                                     |                                     |                             |                          |
| Speaking opportunity during the Walk's opening ceremony.   | <input checked="" type="checkbox"/> |                                     |                                     |                                     |                             |                          |
| Recognition through a chapter-wide presentation of AFSP educational program (e.g. Talk Saves Lives™: Suicide Prevention Education for Workplace Settings)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |                                     |                             |                          |
| Walk Day Information/ Exhibit table<br><i>(subject to application and terms of AFSP Tabling Agreement)</i>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |                                     |                             |                          |
| Your teams will have the opportunity to lead out the walk as an event sponsor.   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |                                     |                             |                          |
| Recognition in AFSP North Dakota Chapter Newsletter  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |                             |                          |
| Recognition in Walk post-event <b>Thank You</b> email  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                             |                          |
| Logo posted on the Minot Out of the Darkness walk event website (afsp.org/Minot) linking to your company page until <b>December 31, 2025</b>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                             |                          |
| Complementary virtual Talk Saves Lives™: Suicide Prevention Education for Workplace Settings presentation for your company <u><i>(dates/times subject to volunteer trainer availability)</i></u> | Customization Option                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                             |                          |

# Minot Out of the Darkness Walk Sponsorship & Donation Benefits

| For more information, please contact:<br>Janet Harvey<br>Minot ND Out of the Darkness Walk Chair<br>Email: jharvey@afsp.org<br>Phone: 605-740-0883   | Presenting Sponsor<br>\$5,000       | Champion Sponsor<br>\$4,000         | Hope Sponsor<br>\$2,000             | Support Sponsor<br>\$1,500          | Advocate Sponsor<br>\$1,000         | Friends of AFSP<br>\$500            |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Recognition by emcee during Walk day Opening Ceremony  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |                                     |
| Company logo included in AFSP North Dakota Chapter Facebook (@afspNorthDakata)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |                                     |
| Benefit showcasing your company partnership at Minot tabling events.<br><b>*Subject to application &amp; terms of North Dakota Chapter Tabling Agreement</b>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |                                     |
| Logo on Sponsor <b><i>Thank you</i></b> banner at Minot Walk<br><b>Deadline for this benefit: Wednesday, July 30, 2025</b>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Text Name                           |
| Company logo on Minot Out of the Darkness Community Walk t-shirts<br><b>Deadline for this benefit: Wednesday, July 30, 2025</b>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Text Name                           |
| Complimentary 2025 Minot Out of the Darkness Walk t-shirts available for onsite pick-up at walk event  | <b>10</b>                           | <b>8</b>                            | <b>6</b>                            | <b>3</b>                            | <b>1</b>                            | N/A                                 |
| Mention in sponsors press release announcing partnership.  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| The opportunity to support the nation's leading non-profit organization dedicated to understanding and preventing suicide through research, education and advocacy, and to reaching out to people with mental disorders and those impacted by suicide. Tax-deductible donation and donation receipt. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

# SPONSOR AGREEMENT

## Minot Community Out of the Darkness Walk

This form, logo upload, and payments can be completed online through the payment method links below or sponsors can mail/email paperwork and payment to the North Dakota Chapter address (address below) .

Please contact the AFSP North Dakota Chapter staff partners with any questions:

Janet Harvey/ Email: [jharvey@afsp.org](mailto:jharvey@afsp.org)/ Phone: 605-740-0883

### Please Complete the Information Below

(Please Print)

Company Name: \_\_\_\_\_

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

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

Contact Name: \_\_\_\_\_ Phone (with Area Code): \_\_\_\_\_

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

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

How did you hear about us?: \_\_\_\_\_

### Please Select Your Donation Level for 2025:

Presenting Sponsor | Donate \$5,000

Champion Sponsor | Donate \$4,000

Hope Sponsor | Donate \$2,000

Support Sponsor | Donate \$1,500

Advocate Sponsor | Donate \$1,000

Friend of AFSP | Donate \$500

### Payment Methods

Invoice Needed

- Email signed agreement and logo to [jharvey@afsp.org](mailto:jharvey@afsp.org) with request for invoice **or** submit signed agreement and upload your logo (if your sponsorship level includes a logo) at [afsp.org/invoicerequest](https://afsp.org/invoicerequest)

Check

- Mail signed agreement to chapter address with check. Signed agreements can also be emailed to [jharvey@afsp.org](mailto:jharvey@afsp.org) or fill out form online and upload your logo at [afsp.org/checksponsor](https://afsp.org/checksponsor)
- **Make Payable to:** American Foundation for Suicide Prevention or AFSP with "Minot Walk" in memo
- **Mail check to the North Dakota Chapter:** AFSP, North Dakota Chapter, PO Box 11295, Fargo, ND 58106

Credit Card

- To make a secure credit card payment, mail signed agreement to the chapter or email to Janet Harvey [@afsp.org](mailto:@afsp.org) and a secure link will be shared via email for payment or complete this form electronically and upload your logo at [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 Wednesday July 30, 2025**

**Logo and signed agreement due by: Wednesday July 30, 2025**

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: \_\_\_\_\_

American Foundation for Suicide Prevention

AFSP Tax ID# 13-3393329; All financial and non-profit information at [afsp.org/financials](https://afsp.org/financials)

**Thank you for your generous support of the American Foundation for Suicide Prevention! You are helping save lives in our North Dakota communities.**

**Chapter Mailing Address: AFSP, North Dakota Chapter, PO Box 11295, Fargo, ND**

# IN-KIND DONATION FORM

## Minot Community Walk

Fill out and return via email to [jharvey@afsp.org](mailto:jharvey@afsp.org) or 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 Janet Harvey at [jharvey@afsp.org](mailto:jharvey@afsp.org) or 605-740-0883 to coordinate delivery
- **Sponsor Deadline** (see [previous page with levels](#)): **Wednesday, July 30, 2025**. Email signed agreement & logo to [jharvey@afsp.org](mailto:jharvey@afsp.org)
- **Sponsor T-Shirt Deadline: Wednesday, July 30, 2025**

**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](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

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► \_\_\_\_\_

Other (see instructions) ► **nonprofit corporation**

**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, Floor 11**

**6** City, state, and ZIP code  
**New York, NY 10038**

**7** List account number(s) here (optional)

Requester's name and address (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.

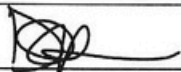
|                                |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|
| Social security number         |   |   |   |   |   |   |   |   |   |
|                                |   |   | - |   |   |   |   |   |   |
| or                             |   |   |   |   |   |   |   |   |   |
| Employer identification number |   |   |   |   |   |   |   |   |   |
| 1                              | 3 | - | 3 | 3 | 9 | 3 | 3 | 2 | 9 |

**Part II Certification**

Under penalties of perjury, I certify that:

- 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 ► **1/4/2024**

## 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.