SPONSOR THE NORTH COUNTRY WALK

You can be an everyday hero in the fight against suicide.

Olympic Speed Skating Oval, Lake Placid September 30, 2018 www.afsp.org/northcountry



Last year, the North Country Walk raised \$31,269 to fight suicide.

Why support the North Country Out of the Darkness Walk?

Suicide is a leading cause of death – and it is preventable. With your support, we'll be one step closer to achieving our bold goal of reducing the suicide rate 20% by 2025.

The American Foundation for Suicide Prevention leads the fight against suicide.

Funds raised from the *North Country Out of the Darkness Walk* allows us to fund research, create educational programs, advocate for public policy, and support survivors of suicide loss.

Over the past year through money raised, the Capital Region chapter has been able to: provide our More Than Sad program to 345 students and school personnel; participate in 14+ community health fairs providing information and resources to almost 700 people; present the Talk Saves Lives program to 437 people; provide support to 251 suicide loss survivors; provide our new It's Real college film to 356 college students; and, so much more.

Sponsor the *North Country Walk* and you can be a part of bringing these lifesaving programs to your community and show that you are a voice for suicide prevention.

Please feel free to contact me with any questions. I look forward to discussing our 2018 sponsorship opportunities and benefits with you in more detail.

With kind regards,

Shelby Shelby Davis

North Country Walk Chair Capital Region NY Chapter, AFSP shelby@mhainessex.org 518-932-1241





SPONSORSHIP OPPORTUNITIES & BENEFITS

	For more information or to design a custom sponsorship plan, please contact:		Silver Sponsor \$500	Sponsor	onsor
	oy Davis, Walk Chair, shelby@mhainessex.org a Marx, Area Director, Imarx@afsp.org	Gold Sponsor \$1,000 Silver Sponsor \$500 Bronze Sponsor \$250 Sign Sponsor \$150			
SPONSOR BENEFITS	Walk prize pack including 10 wristbands and 10 walk stickers for company employees	✓			
	Opportunity to include promotional item with walker giveaways	>			
	Walk Day Information/Exhibit Table***	>			
	Opportunity for AFSP Lunch and Learn for your employees	>	✓		
	Sponsor logo included on the sponsor banner displayed at the walk	>	~		
	Sponsor logo in chapter email announcements (min. 2)	>	~		
	Sponsor recognition on Facebook event page	>	~		
	Logo on back of walker t-shirts (approx. 60 printed)	>	~	✓	
	Complimentary Walk T-Shirts (# shirts shown)	4	2	1	
	Sponsor logo printed in the day of walk program	>	~	Name only	
	Company Logo/Name on walk website	>	~	•	Name only
	Verbal acknowledgement day of walk	>	~	•	~
	Company Logo/Name on one walk sign on the walk route				>

Need other options? Contact us for a customized sponsor package that better suits the needs of your business.





^{*}Please note logo 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

^{***}Subject to application and terms of AFSP Tabling Agreement

2018 SPONSORSHIP AGREEMENT

North Country Out of the Darkness Community Walk

Please Print

Name/Company:					_	
Mailing Address:					_	
				Zip:		
Contact Name:						
Contact Phone:			Contact Email:			
Company Web Addre					_	
	Please se	lect cash or in-kir	d sponsor	ship options:	_	
Cash Sponsorship:			In-Kind	d Sponsorship (Product or Service):	_	
☐ Gold Sponsor Donate \$1,000				Product:		
☐ Silver Sponsor Donate \$500		<u>OR</u>	I	OR Service: Fair Market Value* (of product or service): \$		
			Value Determined By:			
☐ Bronze Sponsor Donate \$250			*Value mu	*Value must be greater than or equal to min. sponsor level cash amount		
☐ Sign Sponsor Donate \$150			to qualify	to qualify for sponsor benefits		
Additional Options: ☐ Please send me info ☐ Unable to sponsor, b ☐ I was referred by (inserted by the control of the control	out please accept this	donation \$				
				ate name and logo on all "Out of the Darkness" mater le to AFSP, put "North Country" on the memo line.	- ial	
Authorized Signature: _				Date:		
Method of Payment:						
□ Check Enclosed	□ Amex	■ Maste	erCard	Call me to process		
☐ Invoice Required	□ Visa	☐ Disco	over	payment via phone		
Card No:						
Exp Date:	Code:		Billing 2	Zip:	_	
Card Holder Name (if d	lifferent than Contact Pe	erson Name):			_	
Completed & Signed Ag	reement with Logo D	ue by August 24, 2	018.			

Please scan and email or mail this agreement, logo & website link to:

(max width is 80px) and we accept vector files and/or image files (.jpeg, .png).

Email: Imarx@afsp.org | Mail: AFSP Capital Region NY Chapter, PO Box 486, East Greenbush, NY 12061

Logo Specifications: T-shirt: Vector file (EPS, PS, PDF) format to ensure logo integrity. Website: Stacked logos appear best

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



