



Suicide prevention starts with everyday heroes like you. Money raised goes to critical research, education programs, advocacy, and support for those affected by suicide.

Join us to help create a culture that's smart about mental health.

2023 Ride to Fight Suicide Fargo Sponsorship Opportunities

Saturday, July 29th, 2023
Big Erv's
afsp.org/RideFargo



**American
Foundation
for Suicide
Prevention**



**American
Foundation
for Suicide
Prevention**

Dear Friend and Community Leader,

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

Partner with us as an event sponsor for the 2023 Ride to Fight Suicide taking place on Saturday, July 29th.

Why support the Ride to Fight Suicide Event?

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.

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

Our participants are passionate supporters of the cause, with 78% of online registrants indicating a personal investment in suicide prevention. And 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 the Ride to Fight Suicide and show our community that you're a voice for suicide prevention.

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

Funds raised from The American Foundation for Suicide Prevention events allow us to fund research, create educational programs, advocate for public policy, and support survivors of suicide loss.

I look forward to discussing our 2023 sponsorship opportunities and benefits with you in more detail.

For more information, please contact:

Catrina Gullickson
Ride Event Chair, Ride to Fight Suicide Event
701-306-0262 | carleysimon525@gmail.com

Samantha Christopherson
AFSP Dakotas Executive Director
701-371-1194 | schristopherson@afsp.org

Enclosures

¹ [2013 Cone Communications/Echo Global CSR Study](#)

² [Edelman goodpurpose® 2012](#)



**American
Foundation
for Suicide
Prevention**

2023 RIDE TO FIGHT SUICIDE FARGO SPONSORSHIP LEVELS

Soft Tail Level Sponsor | Donate \$250

Benefits Include:

- 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.
- A tax-deductible donation & donation receipt
- Your Company's name printed in text on the back of the Ride T-shirts that every rider will receive

Road King Sponsor | Donate \$500

Benefits Include:

- Soft Tail Level Sponsorship Benefits listed Above
- Your Company recognized in announcements at event.
- Your logo on the back of participant t-shirts that every rider will receive
- 4 complimentary Ride to Fight Suicide t-shirts
- Sign at Event listing your company as an event sponsor

Street Glide Level Sponsor | Donate \$1,000

Benefits Include:

- Soft Tail and Road King Sponsorship Benefits listed Above
- 6 complimentary Ride to Fight Suicide T-shirts
- Your company listed as sponsor in mailings of AFSP ND Chapter Summer eNewsletter
- Ride Day Information/Exhibit Table (subject to application and terms of AFSP Tabling Agreement)

Ultra-Classic Level Sponsor | Donate \$2,000

Benefits Include:

- Soft Tail, Road King and Street Glide Level Sponsorship Benefits listed Above
- 12 complimentary t-shirts
- One onsite presentation at your company's site about AFSP
- 4 Ride Admission passes on event day



**American
Foundation
for Suicide
Prevention**

**RIDE TO FIGHT SUICIDE FARGO
2023 SPONSORSHIP AGREEMENT**

Please Print

Name/Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone: _____ Email: _____

Company Website Address: _____

Please select one of two sponsorship options:

Cash Sponsorship:

- Ultra-Classic Level Sponsor** | Donate \$2,000
- Street Glide Level Sponsor** | Donate \$1,000
- Road King Level Sponsor** | Donate \$500
- Soft Tail Level Sponsor** | Donate \$250

OR

In-Kind Sponsorship:

Product: _____

OR Service: _____

Fair market Value* (product or service): \$ _____

Value Determined by: _____

**min*

Payment Options

Invoice Needed

- Request an invoice and upload your logo (if your sponsorship level includes a logo) at supporting.afsp.org/chaptereventsponsors

Check

- Fill out form online and upload your logo (if your sponsorship level requires a logo) at supporting.afsp.org/chaptereventsponsors
- Make Payable to: American Foundation for Suicide Prevention or AFSP
- Mail check with this or online form to: AFSP, P.O. Box 11295, Fargo, ND 58106

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 supporting.afsp.org/chaptereventsponsors

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 June 25th, 2023.**



**American
Foundation
for Suicide
Prevention**

OFFLINE DONATION FORM

This printable form is available for supporters who would like to donate to a participant offline via check, money order, or credit card. If you are an organization interested in sponsoring an event, please contact the Event Chair for an event Sponsor Form.

My contribution is supporting _____
Participant's First & Last Name

in the _____
Event Name & Location (CITY/STATE)

Donation Amount \$ _____

Please Make Checks Payable to American Foundation for Suicide Prevention (AFSP)
(Please do not staple or tape checks to this form)

Donor Name (FIRST & LAST) _____

Street Address _____

City _____ State _____ Zip _____

E-mail* _____

Home phone _____ Work Phone _____

Signature _____

An electronic receipt is automatically generated for **all donations and sent to the email address provided. The IRS will accept a canceled check as a receipt for all donations under \$250. Donations of \$250 and above will receive a written acknowledgment to the address provided.*

Thank You for Your Contribution
Mail this form and your check (please do not send cash) to:

American Foundation for Suicide Prevention (AFSP)
Attn: S. Christopherson
P.O. Box 11295
Fargo, ND 58104

Due to the high volume of donations AFSP receives both in the mail and on the day of the events, please allow 2-3 weeks from the date that the donation is received to post to your account. If you do not see your donation within this time frame, please email development@afsp.org.



**American
Foundation
for Suicide
Prevention**

IN-KIND GIFT CONFIRMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Event Supporting (City, State) _____

Product Description _____

Fair Market Value (\$ amount/product amount) _____

Value Determined By _____

Donor Company _____

Donor Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ Email _____

Contact Person _____

Title _____

I, _____, certify that to the best of my knowledge, the information above is true, correct, and complete.

Authorized Signature _____ Date _____

PLEASE FAX, MAIL, or EMAIL THIS AGREEMENT TO:

**The American Foundation for Suicide Prevention
P.O. Box 11295,
Fargo, ND 58104**

Phone: 701-371-1194 * Fax: 212-363-6237 * Email: schristopherson@afsp.org

IRS/Tax Deduction Information:

AFSP will furnish 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.

**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.

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) ► _____

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, 11th Floor

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 ► 4/12/2021

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.