



## Montachusett Suicide Prevention Task Force

Providing Hope to Our Community

Covering 22 communities: Gardner, Fitchburg, Leominster, Athol, Ashburnham, Baldwinville, Barre, Erving, Hubbardston, Lunenburg, New Braintree, New Salem, Oakham, Orange, Petersham, Philipston, Royalston, Templeton, Warwick, Wendell, Westminster and Winchendon.

The Task Force was established in March 2012. For more information [www.suicidepreventiontaskforce.org](http://www.suicidepreventiontaskforce.org)



# 7<sup>th</sup> Annual “RIDE OF YOUR LIFE” Suicide Prevention Event August 18, 2019 {SUNDAY}

Dear Friend and Colleague,

We are writing for your help in sponsoring the **7<sup>th</sup> Annual Ride of Your Life suicide prevention event on August 18, 2019**. This event is being held at Montachusett Regional Vocational Technical High School in Fitchburg. It includes a *three hour motorcycle ride* through North Central Massachusetts, health and wellness information, job fair resources, displays, sponsorship tables and a BBQ lunch, music and much, much more.

Each year, millions of Americans are directly affected by hundreds of thousands of suicide attempts made by friends or loved ones. Suicide was the **10<sup>th</sup>** leading cause of death; **two times higher** than the number of motor vehicle traffic-related deaths and **four times** higher than homicides.

*(Mass DPH DATA BRIEF: SUICIDES AND SELF-INFLICTED INJURIES IN MASSACHUSETTS 2016)*

We invite and encourage you and/or your organization to come and be a part of this event joining us as a sponsor. The proceeds raised from this event will go towards our suicide prevention efforts including but not limited to education, outreach and programs in our region. We provide free trainings on Suicide Prevention if you are interested in learning more please contact us for more information.

Please take just a moment to review the options available to you to support this worthwhile event. We look forward to your participation.

Barbara Nealon & Nora Salovardos Co-Leaders

A member of the





**7th Annual "Ride of Your Life"**  
**Sunday August 18<sup>th</sup>, 2019**  
**Montachusett Regional Vocational Technical High School**  
1050 Westminster Street, Fitchburg, MA 01440

**SPONSORSHIP/SUPPORTER Form**

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ BUS PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

**DIAMOND SPONSOR** **\$1000 or more**    \$ \_\_\_\_\_  
Logo inclusion on materials after the date of confirmation including printed promotional materials and mailers and schedule of events brochure; Inclusion on website and premier positioning on event banner/flag and lawn sign. Logo and/or name in Program and website and social media outlets used; vendor table\*; two lunch tickets

**PLATINUM SPONSOR** **\$750**    \$ \_\_\_\_\_  
Logo inclusion on materials after the date of confirmation including printed promotional materials and mailers and schedule of events brochure; Inclusion on website and positioning on event banner/flag and lawn sign. Logo and/or name in Program and website and social media outlets used; vendor table\*; two lunch tickets

**GOLD SPONSOR** **\$500**    \$ \_\_\_\_\_  
Logo inclusion on materials after the date of confirmation including printed promotional materials and mailers; Logo inclusion on website and sponsorship banner/flag and lawn signs, Name in Program; vendor table\*; two lunch tickets

**SILVER SPONSOR** **\$350**    \$ \_\_\_\_\_  
Logo inclusion on all materials after the date of confirmation including printed promotional materials and mailers; Name noted on website, in Program; vendor table\*; two lunch tickets

**BRONZE SPONSOR** **\$250**    \$ \_\_\_\_\_  
Name in program; vendor table\*; two lunch tickets

**SUPPORTER SPONSORSHIP**  
**I AM UNABLE TO PARTICIPATE BUT PLEASE ACCEPT MY DONATION OF**    \$ \_\_\_\_\_

**OUR COMPANY IS DONATING THE FOLLOWING ITEM FOR YOUR DOOR PRIZE[S]:**  
\_\_\_\_\_ Value: \_\_\_\_\_ Please pick up  Will deliver

**ADDITIONAL MEAL TICKETS**    # of tickets requested \_\_\_\_\_ x \$10    \$ \_\_\_\_\_

**\*Vendor tables space provided on a first come basis, need to bring your own table, chairs and canopy –event set up any time after 7am day of event**

Please make checks payable to:  
**MSPTF c/o Heywood Hospital**  
**242 Green Street**  
**Gardner, Massachusetts 01440**

My company will require an invoice in order to process payment. Please send invoice to the above address for the referenced order.

Att: Barbara Nealon **Please include "Ride of Your Life" in the memo line.** Acknowledgements of all sponsorships and donations will be sent to the sponsor/donor. For more information please contact Ms. Barbara Nealon, Director of Social Services, Heywood Hospital, at 978- 630-6386, fax (978) 669-5604 or [Barbara.Nealon@heywood.org](mailto:Barbara.Nealon@heywood.org)