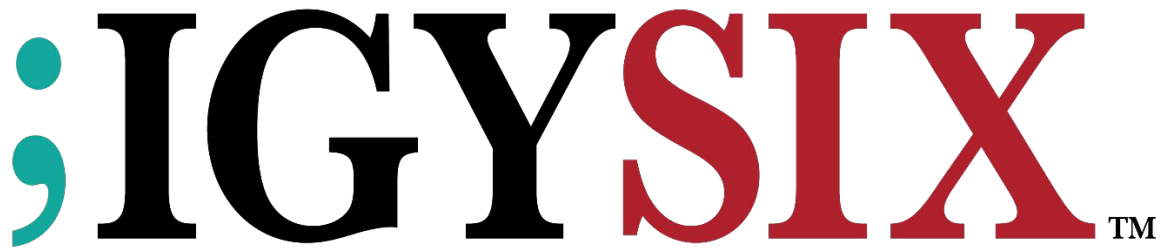


;IGYSIX Continue the Mission Beneficiary Information Sheet



Mission Statement:

Our mission at ;IGYSIX is to raise awareness of Veteran Suicide, Veteran Homelessness and provide support to those in need. The term ;IGYSIX is a Veteran term used to indicate to those contemplating suicide, that they are not alone, their Brothers and Sisters in arms have their back, their ‘Six O’clock”. By connecting Veterans in need to community partners and resources we can provide the support they need in their struggle. We got your Six.

It is our intention to expand our reach to additional areas such as Law Enforcement, First Responders and the thousands of others who fall victim to contemplating suicide.

We will pick one Beneficiary each year to ride for. As a community we will raise money, bridge resources to help where needed and to support someone who may desperately need it.

The Beneficiary who is selected by the ;IGYSIX Continue the Mission Board is a person who has fallen on a difficult period in their lives due to circumstances beyond their control.

- This could be living through the loss of a loved one who has succumbed to the terrible disease of suicide – we know the difficulties which follow such a tragic event and we are here to help
- It could also be a person who has been able to identify the need for help and is requesting our assistance – asking for help is so difficult and it is always easier when it is offered

Please email this form with your name and phone number so we can contact you to:

rideon@igysix.net

Please fill out the information below to be considered by ;IGYSIX Continue the Mission Benefit Ride Beneficiary:

WHAT WE WANT TO KNOW?				
Please check one of the following:				
<input type="checkbox"/> Military Veteran	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Fire	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
Name:				
Address:				
Status of Employment <input type="radio"/> Disable <input type="radio"/> Limited employment opportunities				
Reason for requested assistance: (Be as detailed as possible)				
WHAT DO WE REQUIRE FOR CONSIDERATION?				
Three recommendations: (Please have the following write in their own words why we should pick your Beneficiary. Use additional paper if needed)				
<input type="radio"/> Family Member				
<input type="radio"/> Second Family Member				
<input type="radio"/> Non-Family Member				
Please provide any supporting documents which would reference the Beneficiaries situation.				