

Greater Illinois Chapter

**ALZHEIMER'S ASSOCIATION – GREATER ILLINOIS CHAPTER
NAMING OPPORTUNITIES**

- _____ \$100,000 Training Center *(may be paid over three years)*
- _____ \$ 75,000 Boardroom *(may be paid over three years)*
- _____ \$ 75,000 Reception Area *(may be paid over three years)*
- _____ \$ 25,000 Library
- _____ \$ 15,000 President & CEO office
- _____ \$ 10,000 Larger Counseling Rooms, e.g., Family Counseling Room
(2 available)
- _____ \$ 7,500 Small Conference Enclave
- _____ \$ 7,500 Individual Offices *(10 available)*

Payment Options:

___ *I request that a pledge reminder for my commitment as amount indicated above be sent to me.*

___ *I have enclosed a check made payable to the Alzheimer's Association*

___ *Credit card payment: American Express* _____ *Discover* _____ *MasterCard* _____ *Visa* _____

Card # _____ *Exp. Date* _____

Name on card _____

Please print all information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ E-Mail: _____

Name as you would like it to appear in written materials. (Please print)

