

Thank you for being a community partner through your participation

Your investment makes a positive impact for all those we serve.

SPONSOR INFORMATION

Company Name _____

(Please write exactly how you or your company should be recognized)

Contact Name _____

Address _____ City/State/Zip _____

Phone _____ Fax _____

Website _____ Twitter Handle _____

SPONSORSHIP LEVELS



GALA
MARCH 12, 2019

- | | |
|--|---|
| <input type="checkbox"/> Hope \$10,000 | DEADLINES
• 2/18/19 logo placement & logo on printed program (\$10,000 level) |
| <input type="checkbox"/> Remember \$7,500 | |
| <input type="checkbox"/> Fight \$5,000 | |
| <input type="checkbox"/> Care \$3,000 | |
| <input type="checkbox"/> Hors d'oeuvres \$2,500 | |
| <input type="checkbox"/> Cocktail \$2,000 | |
| <input type="checkbox"/> Entertainment \$1,500 | |
| <input type="checkbox"/> Coat Check \$1,000 | |
| <input type="checkbox"/> Valet \$500 | |

- | | |
|---|----------|
| <input type="checkbox"/> Corporate Table \$2,500 | 10 seats |
| <input type="checkbox"/> Individual Ticket \$250 | x _____ |

- ☐ *We are unable to sponsor at this time, however, our company would like to make a donation in support of the cause.*

Total Commitment \$ _____

Signature _____

Date _____



WALK TO END ALZHEIMER'S
SEPTEMBER & OCTOBER 2019

- | | |
|---|---|
| <input type="checkbox"/> Hope \$10,000 | DEADLINES
• 4/27/19 logo on print advertising (\$10,000 level)
• 8/12/19 logo on volunteer shirts (\$10,000 level)
• 2 weeks before event, logo on day of signage |
| <input type="checkbox"/> Remember \$7,500 | |
| <input type="checkbox"/> Fight \$5,000 | |
| <input type="checkbox"/> Promise Garden \$3,000 | |
| <input type="checkbox"/> Care \$3,000 | |
| <input type="checkbox"/> Caregiver Sanctuary \$2,500 | |
| <input type="checkbox"/> Purple Clubhouse \$2,000 | |
| <input type="checkbox"/> Team Photo Stop \$1,500 | |
| <input type="checkbox"/> Water Stop \$1,000 | |
| <input type="checkbox"/> Stage Sponsor \$750 | |
| <input type="checkbox"/> Mile Marker \$500 | |
| <input type="checkbox"/> Fact Sign \$300 | |

Please Select a Walk Location

- | | |
|------------------------------------|---|
| <input type="checkbox"/> WAUKESHA | <input type="checkbox"/> KENOSHA & RACINE |
| <input type="checkbox"/> SHEBOYGAN | <input type="checkbox"/> WASHINGTON |
| <input type="checkbox"/> WALWORTH | <input type="checkbox"/> FOND DU LAC |
| <input type="checkbox"/> MILWAUKEE | <input type="checkbox"/> OZAUKEE |

PAYMENT INFORMATION

Email to agabert@alz.org • Mail to 620 S 76th St #160 • Milwaukee, WI 53214

- ☐ Check enclosed (payable to Alzheimer's Association) ☐ Please invoice me
- ☐ American Express/Visa/MasterCard/Discover

Card Number _____ Expiration _____ Security Code _____

Payment Authorized Signature _____ Date _____

Billing Address _____ City/State/Zip _____

(if different than above)