

# Central Oregon Memory Walk 2009

## SPONSOR COMMITMENT FORM

\_\_\_\_\_ **PRESENTING ~ \$5,000**  
\_\_\_ YES, we accept Memory Walk booth  
\_\_\_ NO, we decline booth use

\_\_\_\_\_ **GOLD ~ \$1,250**  
\_\_\_ YES, we accept Memory Walk booth  
\_\_\_ NO, we decline booth use

\_\_\_\_\_ **PLATINUM ~ \$2,500**  
\_\_\_ YES, we accept Memory Walk booth  
\_\_\_ NO, we decline booth use

\_\_\_\_\_ **SILVER ~ \$750**

\_\_\_\_\_ **BRONZE ~ \$500**

\_\_\_\_\_ **MEMORY WALL (3 available) ~ \$1,500**  
Booth with signing table included

*Your early commitment will result  
in increased exposure.*

Date Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

Print your name \_\_\_\_\_

Print company name, as it should appear in print on collateral materials  
\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Contact Person for Sponsor

Please Print name \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

## SPONSOR PAYMENT OPTIONS

### Option I – Payment by Check

\$ \_\_\_\_\_ by check      Check # \_\_\_\_\_

Please mail this form and check, payable to **Alzheimer's Association**, to address below.

### Option II – Payment by Credit Card

Charge \$ \_\_\_\_\_ to credit card.      Circle card type:    VISA    MasterCard

Card Number \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_      Exp. Date \_\_\_\_/\_\_\_\_

3-digit Security Code \_\_\_\_/\_\_\_\_/\_\_\_\_ (from back of card)

\_\_\_\_\_ **Print name** as it appears on card

\_\_\_\_\_ **Signature** – required to process payment

### Option III – Please invoice me for amount checked at top

Billing Contact Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

*Will be paid in \_\_\_\_\_ installments, beginning \_\_\_\_\_.*

*Payment in full must be made by August 31, 2009.      (date)*

Please fax (541.548.2893) or mail this form to:

**Alzheimer's Association – Central Oregon 1135 SW Highland, Redmond, OR 97756**

**Questions? Please contact Angie Kooistra, Central Oregon office:  
angie.kooistra@alz.org      Phone - 541.548.7074**

**THANKS FOR YOUR COMMITMENT OF SPONSORSHIP SUPPORT!**