

# 2009 memory walk sponsorship offers you opportunities to ...

- Show support and concerns for a major, national health issue impacting a growing population
- Educate and empower your employees
- Raise awareness of your organization
- Personally connect with consumers in your target market



## about the alzheimer's association houston & southeast texas chapter

**Mission:** To eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

**About us:** Established in 1980, we currently serve 37 counties in Southeast Texas. More at [www.alz.org/texas](http://www.alz.org/texas).

**Locations:** Headquartered in Houston with regional offices in Beaumont and Nacogdoches/Lufkin.

## alzheimer's disease facts

- 5.2 million Americans and an estimated 140,000 in the Houston and Southeast Texas area have Alzheimer's.
- Someone in America develops Alzheimer's every 71 seconds.
- 10 million baby boomers will develop Alzheimer's.
- For every person with Alzheimer's, two more people serve as caregivers.

## 2009 memory walk dates

Katy – September 12, 2009  
Beaumont – September 26, 2009  
Lufkin – October 3, 2009  
Galveston County – October 10, 2009  
Nacogdoches – October 10, 2009  
Houston - October 24, 2009  
Fort Bend County – October 31, 2009  
Brazos Valley – November 7, 2009  
Baytown – TBD  
Livingston – TBD  
N.Harris/Montgomery County – TBD

## your sponsorship supports ...

- Information, education, support, and referral services that annually help more than 450,000 people in our community who face Alzheimer's and other related dementias
- Advocacy that brings people together to speak up for the needs and rights of people facing dementia
- Research into better care and a cure for Alzheimer's disease and related disorders



# 2009 sponsorship levels and benefits

Fort Bend County • Houston

	Chapter Wide Sponsors <i>Benefits apply to all 11 walks</i>			Individual Walk Sponsor <i>Benefits apply to one walk location</i>				
	Presenting Sponsor \$25,000	Champions Sponsor \$15,000	Volunteer Sponsor \$10,000	Event Sponsor \$10,000	Gold Sponsor \$5,000	Silver Sponsor \$2,500	Bronze Sponsor \$1,000	Venue Sponsor \$500
<b>WEB PRESENCE</b>								
Recognition in Post-MW E-Newsletter	Logo	Logo	Name	Name	Name	Name	Name	Name
MW Website until December 2009	Logo & Link	Logo & Link	Logo & Link	Logo & Link	Logo	Name		
Recognition in monthly emails to MW participants	Logo	Logo	Logo	Logo				
<b>MEMORY WALK PRESENCE</b>								
Your company 4' by 8' banner at walk	X	X	X	X	X	X	X	
Sponsor Table at walk	X	X	X	X	X	X	X	
Recognition from stage	X	X	X	X	X			
A 10 by 10 tent at Houston and Fort Bend walks	X	X						
<b>VISIBILITY</b>								
Sign on walk route	Logo	Logo	Logo	Logo	Logo	Name	Name	Name
Acknowledgement of company support on Walk Day press release	X	X	X	X	X			
MW Save-the-date postcard	Logo	Logo	Logo	Logo	Name			
MW walker t-shirt	Logo	Logo		Logo	Logo	Name		
MW volunteer t-shirt			Logo					
Recognition on MW Banner	Logo	Logo						
MW Poster	Logo	Logo						
<b>ADDITIONAL BENEFITS</b>								
Invitation to sponsor appreciation party	X	X	X	X	X	X	X	X
MW t-shirts	8	6	5	4	3	2	1	
Plaque	X	X	X	X	X	X	X	
<b>EXCLUSIVE BENEFITS</b>								
Photo with VIPs at Houston Walk	X	X	X	X				
Educational program for employees	X	X	X	X				
Article in chapter wide e-newsletter	X	X						
Logo on main MW page (alztex.org/walk)	X							
Logo on all team captain kits	X							
Official starter for Houston Walk	X							

Please note that sponsorship dollars will not be reflected in team dollars raised.

**Print Deadline: 6/1/09**  
**T-Shirt Deadline: 8/1/09**



## 2009 sponsorship commitment form

### Instructions

Please fill out the form below. By submitting the form, you are committing to your chosen sponsorship level and walk location. Checks can be made payable to the Alzheimer's Association. Questions? Contact 713.314.1343.

**WALK SITE** (circle one):      Fort Bend County      |      Houston

### Organization Information:

Contact Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

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

E-mail \_\_\_\_\_

Individual or Corporate name under which you would like to be acknowledged in printed materials:

\_\_\_\_\_

Please acknowledge my sponsorship as anonymous.

### Memory Walk Opportunities:

#### CHAPTER SPONSORSHIP

- Presenting (\$25,000)
- Champions (\$15,000)
- Volunteer (\$10,000)

#### WALK SPONSORSHIP

- Event (\$10,000)
- Gold (\$5,000)
- Silver (\$2,500)
- Bronze (\$1,000)
- Venue (\$500)

I am interested in learning more about how to form a Memory Walk team. Please contact me to discuss this.

### Payment Information:

Check Enclosed       Please Invoice       Please Charge my: Visa | MasterCard | AMEX | Discover

Card number \_\_\_\_\_ Expiration \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Signature \_\_\_\_\_

#### Return this form to:

Alzheimer's Association Houston & Southeast Texas Chapter  
2242 W. Holcombe Blvd., Houston, TX 77030

Phone: (713) 314-1343 • Fax: (713) 314-1312 • E-mail: [jessica.abadmaz@alz.org](mailto:jessica.abadmaz@alz.org)



## 2009 in-kind contribution form

### Instructions

Please fill out the form below. By submitting the form, you are committing to your in-kind sponsorship. A committee member will contact you to facilitate all event arrangements. Questions? Contact 713.314.1343.

**WALK SITE** (circle one):      Fort Bend County      |      Houston

### Organization Information:

Contact Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

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

E-mail \_\_\_\_\_

Individual or Corporate name under which you would like to be acknowledged in printed materials:

\_\_\_\_\_

### In-Kind Donation Information:

Description of item to be donated:

\_\_\_\_\_

Fair Market Value \_\_\_\_\_

*(IRS requires the Alzheimer's Association to disclose the value to the recipient)*

I am interested in learning more about Alzheimer's disease. Please contact me to discuss.

### Please check one of the following:

Gift Certificate Enclosed       Pick-up Requested

Volunteer has already picked up item      Volunteer Name \_\_\_\_\_

Signature of Donor \_\_\_\_\_ Date Signed \_\_\_\_\_

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