



# 2019 PREMIUM SPONSORSHIP PAYMENT FORM

## ORGANIZATION INFORMATION

Please print your organization's name as it should appear on all sponsorship materials.

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized by (please print and sign name): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

If your sponsorship includes use of logo or video, please contact Sherry Tytko, stytko@alz.org or 234.284.2752.

## SPONSORSHIP INFORMATION

	Major Market	Large Market			Mid-Market		
	Akron	Stark	Mahoning	Medina	Wayne	Tuscarawas	Muskingum
T-Shirt	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$750	<input type="checkbox"/> \$750	<input type="checkbox"/> \$750
Team Photo	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$750	<input type="checkbox"/> \$750	<input type="checkbox"/> \$750
"Why I Walk" Bibs	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$750	<input type="checkbox"/> \$750	<input type="checkbox"/> \$750
Registration Table	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$750	<input type="checkbox"/> \$750	<input type="checkbox"/> \$750
Walk Route	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$750	<input type="checkbox"/> \$750	<input type="checkbox"/> \$750
Kids Zone	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$750	<input type="checkbox"/> \$750	<input type="checkbox"/> \$750	<input type="checkbox"/> \$425	<input type="checkbox"/> \$425	<input type="checkbox"/> \$425
Caregiver Village	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$750	<input type="checkbox"/> \$750	<input type="checkbox"/> \$750	<input type="checkbox"/> \$425	<input type="checkbox"/> \$425	<input type="checkbox"/> \$425
Snack Station	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$750	<input type="checkbox"/> \$750	<input type="checkbox"/> \$750	<input type="checkbox"/> \$425	<input type="checkbox"/> \$425	<input type="checkbox"/> \$425

## PAYMENT INFORMATION

Please enclose check payable to Alzheimer's Association or complete credit card information below. Sponsorship benefits cannot be fulfilled without signed payment form and receipt of payment. For payment questions, contact Sherry Tytko at stytko@alz.org or 234.284.2752.

**Total Sponsorship Amount:** \_\_\_\_\_

Fax completed form to **330.650.0568** or mail to:

**Alzheimer's Association Greater East Ohio Area Chapter  
70 W. Streetsboro St., Ste. 201, Hudson, OH 44236**

### Credit Card Processing

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing address with zip: \_\_\_\_\_

MasterCard  Visa  Discover  American Express CC#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CCV (on back): \_\_\_\_\_ Email receipt to (if different than above): \_\_\_\_\_

**Alzheimer's Association Greater East Ohio Area Chapter | 800.272.3900**