



2019 SIGN OF SUPPORT ORDER FORM



Voice your support for the fight to end Alzheimer's disease. Support our local Walk to End Alzheimer's® by purchasing a sign to be displayed along the Walk route for all our Walk supporters to see!

First Sign of Support = \$100 donation
Each Additional Sign of Support = \$50 donation

Deadline: This form must be received 3 weeks prior to Walk.

ORGANIZATION INFORMATION

Organization Name: _____ Date: _____

Register our Walk Team: Team Name: _____

Primary Contact: _____ Title: _____

Authorized by (please print and sign name): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Organization Name at it should appear on signs: _____

WALK LOCATIONS (Please indicate quantity of signs per Walk)

_____ Muskingum (Sept. 7)	_____ Akron (Sept. 14)	_____ Medina (Sept. 21)	_____ Tuscarawas (Sept. 21)	_____ Stark (Sept. 28)	_____ Wayne (Oct. 5)	_____ Mahoning (Oct. 26)
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PAYMENT INFORMATION

\$100 first sign + _____ signs at \$50 each (\$ _____) = \$ _____ TOTAL AMOUNT DUE

Please enclose check payable to Alzheimer's Association or complete credit card information below. Signs cannot be fulfilled without signed payment form and receipt of payment 3 weeks prior to Walk. For payment questions, contact Sherry Tytko at stytko@alz.org or 234.284.2748.

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