



2019 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
Presenting	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500
Promise Garden	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500
Champions Club	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,500
Finish Line	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,500
Gold	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,000
Silver	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500
Bronze	<input type="checkbox"/> \$750	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350

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