



# 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)

## 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 Jessica Rist at [jrist@alz.org](mailto:jrist@alz.org) or 234.284.2756.

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**