

2019 SPONSORSHIP COMMITMENT FORM

EVENT	REGION	LEVEL	COST
Reason to Hope Community Breakfast			\$
Memories in the Making® Art Auction & Gala			\$
Walk to End Alzheimer's®			\$
McGinty Conference on Alzheimer's			\$
Oregon Purple Patrons: 3+ events, min. of \$8,000		5% Discount:	\$-
TOTAL 2019 COMMITMENT			\$

ORGANIZATION INFORMATION (please print clearly)

COMPANY NAME as it will appear on printed materials

CONTACT NAME

COMPANY ADDRESS

CITY

STATE

ZIP

PHONE

FAX

EMAIL

WEBSITE

TOTAL 2019 COMMITMENT \$_____ AMOUNT PAID TODAY \$_____

SIGNATURE

DATE

PAYMENT INFORMATION*

☐ Check enclosed
payable to **Alzheimer's Association**
Oregon & SW Washington Chapter

☐ VISA
☐ Mastercard

☐ Invoice
for entire amount

☐ Invoice
per event

☐ Pay monthly
by credit card

NAME AS IT APPEARS ON CARD

CARD NUMBER

EXPIRATION DATE

3-DIGIT SECURITY CODE

SIGNATURE

DATE

☐ Check here if billing address is same as organization address.

BILLING ADDRESS

CITY

STATE

ZIP

*Events must be paid in full no later than two weeks prior to event date.

alzheimer's  association®

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