

2019 SPONSORSHIP COMMITMENT FORM

Oregon & SW Washington

EVENT	SPONSORSHIP LEVEL	COST
Walk to End Alzheimer's®		\$
Purple Patrons Sponsor (additional Walk markets)		\$
		\$

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 the event date.

alzheimer's  association®

Mailing Address: 1650 NW Naito Parkway, Suite 190, Portland, OR 97209 • Fax: 503-416-0199