

SPONSORSHIP COMMITMENT FORM

**We wish to support MIND OVER MATTER and Kristine Korpala
in memory of her father, Karl T. David**

**Saturday, August 4, 2018
Lake St. Clair Metropark, Harrison Township**

_____ **Premier Sponsor (\$1000)**

Prominent logo on t-shirt (logo size proportionate to giving level)
4 Mind Over Matter 2018 t-shirts
Special thanks and recognition in event program/Special Sponsor Toast
Advertisement on Mind Over Matter Website

_____ **Platinum Sponsor (\$750)**

Prominent logo on t-shirt (logo size proportionate to giving level)
2 Mind Over Matter 2018 t-shirts
Special thanks and recognition in event program
Advertisement on Mind Over Matter Website

_____ **Water Stop Sponsor (\$500)**

Prominent logo on t-shirt (logo size proportionate to giving level)
1 Mind Over Matter 2018 t-shirt
Special thanks and recognition in event program
Water stop location host site

_____ **Gold Sponsor (\$500)**

Prominent logo on t-shirt (logo size proportionate to giving level)
1 Mind Over Matter 2018 t-shirt
Special thanks and recognition in event program

_____ **Silver Sponsor (\$250)**

Special thanks and recognition in event program

For sponsorship levels that require logos, please e-mail electronic version in .eps format to avocelle@alz.org. Logo must be received no later than Friday, June 29 2018 for placement on marketing materials.



MIND OVER MATTER 2018

CHECK HERE

_____	Premier Sponsor	\$1,000
_____	Platinum Sponsor	\$750
_____	Water Stop Sponsor	\$500
_____	Gold Sponsor	\$500
_____	Silver Sponsor	\$250

_____ **I/We wish to support the Alzheimer's Association with an in-kind donation for sponsorship in lieu of/or in addition to a monetary sponsorship.**

METHOD OF PAYMENT

_____ Enclosed check (Payable to Alzheimer's Association) _____ Please Invoice
 Credit Card Payment: _____ Visa _____ MasterCard _____ American Express _____ Discover
 Credit Card Number: _____
 Expiration Date: _____ CSC: _____ Signature: _____

I would like to make a tax-deductible contribution to Mind Over Matter in the amount of \$ _____

Company Name: _____

(Please list company as you wish it to appear on signage/acknowledgements)

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Please specify sizes for your t-shirts, if applicable: _____

Contact Signature: _____

Please return form & applicable logo artwork by June 29, 2018 to:

Adrienne Vocelle, Event Coordinator

Alzheimer's Association - Greater Michigan Chapter

25200 Telegraph Road, Suite 100 | Southfield, MI 48033 | 248-996-1037 | alz.org/gmc | avocelle@alz.org

**www.mindovermatteralz.com
act.alz.org/mindovermatter2018**