



SPONSORSHIP OPPORTUNITIES

We will support **Steppin' Out for Memories** at the following level:

Platinum Sponsor **\$10,000**

- One premier table reservation for 10 guests
- Full-page premium recognition in event program
- Premium recognition with logo on sponsor banner
- Recognition in press releases and event invitations
- Recognition on chapter and local Facebook pages
- Complimentary champagne at table
- VIP early access to event and table-side concierge service
- Special award presentation and recognition from stage

Gold Sponsor **\$5,000**

- One premier table reservation for 10 guests
- Half-page premium recognition in event program
- Premium recognition with logo on sponsor banner
- Recognition in press releases and event invitations
- Recognition on chapter and local Facebook pages
- Complimentary champagne at table
- VIP early access to event

Silver Sponsor **\$2,500**

- One premier table reservation for 10 guests
- Quarter-page premium recognition in event program
- Premium recognition with logo on sponsor banner
- Recognition in press releases and event invitations

Bronze Sponsor **\$1,500**

- One table reservation for 10 guests
- Recognition in event program and on sponsor banner
- Recognition in event invitations

Table Sponsor **\$750**

- One table reservation for 10 guests
- Recognition in event program and on sponsor banner

Donation **\$ _____**

I'm unable to attend but would like to make a contribution.

Individual tickets and custom sponsorship opportunities are also available!

**For more information,
contact: Kristin Bishop
kbishop@alz.org
325.672.2907**

Sponsor Information: (please print)

Name: _____
 Organization: _____
 Address: _____
 City/State/Zip: _____
 Phone Number: _____
 Email Address: _____

Authorized Signature for Sponsorship Commitment:

 Name as you would like it to appear for recognition:

Method of Payment: (please check one)

Check Enclosed (payable to Alzheimer's Association)
 Invoice Now Invoice on January 1, 2019
 Visa MasterCard
 Discover American Express

Name on Credit Card: _____
 Card Number: _____
 Exp Date: _____ Security Code: _____
 Billing Address: _____
 City/State/Zip: _____

Authorized Signature for Credit Card Processing:

Please complete and return this form.

by mail:
 Alzheimer's Association
 301 S Pioneer, Suite 105
 Abilene, TX 79605

by fax: 325.672.5839
by email: kbishop@alz.org

Payment due by January 25, 2019.

**For your convenience, sponsorships may also be
 processed online: alznews.com/sofm2019**