

SPONSORSHIP COMMITMENT FORM

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

Saturday, August 3, 2019
Lake St. Clair Metropark, Harrison Township

_____ **Premier Sponsor (\$1,200)**

Prominent logo on t-shirt (logo size proportionate to giving level)
4 Mind Over Matter 2019 t-shirts
Special thanks and recognition in event program/Special Sponsor Toast

_____ **Platinum Sponsor (\$1,000)**

Prominent logo on t-shirt (logo size proportionate to giving level)
2 Mind Over Matter 2019 t-shirts
Special thanks and recognition in event program

_____ **Water Stop Sponsor (\$750)**

Prominent logo on t-shirt (logo size proportionate to giving level)
1 Mind Over Matter 2019 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 2019 t-shirt
Special thanks and recognition in event program

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

Special thanks and recognition in event program

_____ **In Kind Donation** _____

Please list donation(s) and value of donation(s)

For sponsorship levels that require logos, please e-mail electronic version in .eps format to Kristine@mindovermatteralz.com and snfootevann@2alz.org. Please include subject: Sponsorship: Mind Over Matter. Logo must be received no later than **Friday, June 21 2019** for placement on marketing materials.



MIND OVER MATTER 2019

CHECK HERE

| | | |
|-------|--------------------|---------|
| _____ | Premier Sponsor | \$1,200 |
| _____ | Platinum Sponsor | \$1,000 |
| _____ | Water Stop Sponsor | \$750 |
| _____ | 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 21, 2019* to:
 Shenise Foote-Vann, Alzheimer's Association Event Manager snfootevann@alz.org and
 Kristine Korpala, Mind Over Matter Founder Kristine@mindovermatteralz.com**

Alzheimer's Association - Greater Michigan Chapter
 25200 Telegraph Road, Suite 100 | Southfield, MI 48033 | 248-996-1045 | alz.org/gmc |

**www.mindovermatteralz.com
act.alz.org/mindovermatter2019**