



Program Sponsorship Confirmation

Thank you for your commitment to *Alzheimer's Services of Cape Cod & the Islands, Inc.*
Your sponsorship is an important part of our success.

To ensure that all publicity and gift credit is properly noted, please complete the following information as you wish acknowledgement of your sponsorship to be reported.

Yes, I would like to be a Program Sponsor, below are the programs for which I would like to co-brand. I understand that each branding opportunity is \$1,500.

- Professional Education - \$1500
- Family Outreach & Support Services - \$1500
- Memory Screening - \$1500

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Contact Name: _____ Contact's Phone: _____

Contact E-mail Address: _____

Authorizing Signature: _____

Sponsorship payments may be made via check or credit card. (Tax ID #22-2610246). Amount Authorized \$ _____

- Enclosed as a check Invoice my Company
- Please bill my: VISA MasterCard Discover

Name on Credit Card: _____

Card Number: _____ Expiration Date: _____

Authorizing Signature: _____

Thank you for your support! 712 Main Street – Hyannis, MA 02601 P. 508-775-5656 F. 508-790-9333

Internal Use only

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