

SPONSORSHIP/DONATION FORM

PLEASE PRINT CLEARLY

Select One:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____			
Contact Name:*				
Company Name:				
Contact Title:				
Donor's Name for Acknowledgment (If different from Contact Name):	This is exactly how the name will appear on print and online materials.			
Address:				
City:		State:		Zip:
Email:*				
Phone (with Area Code):	Mobile:*	Work:	Home:	

*Required

SPONSORSHIP LEVEL (CHECK ONE):

- | | | | |
|--|----------|---|---------|
| <input type="radio"/> Research Director** (8 Ticket Maximum) | \$10,000 | <input type="radio"/> Investigator** (4 Ticket Maximum) | \$2,500 |
| <input type="radio"/> Neurologist** (6 Ticket Maximum) | \$5,000 | <input type="radio"/> Scientist (2 Ticket Maximum) | \$1,000 |

** Please submit logo to Sharon Luck at sharon@ricksharpalz.org. For questions, call Sharon Luck at 833.CURE ALZ (Toll Free) option 3.

Note: Please contact Carli Nelson at the number listed below if this donation is from a Donor Advised Fund. Thank You!

Please list guest names below up to the maximum number listed above for your Sponsorship Level. Call or send an email to Carli Nelson (contact information on form) providing the Sponsor/Donor name and any updates and/or changes to your guest list. Please submit **all** guest names by Friday, November 1, 2019.

1. _____ 2. _____ 3. _____ 4. _____
5. _____ 6. _____ 7. _____ 8. _____

DONATION ONLY

I would like to make a donation to the event. Donation Amount \$_____.

SPONSOR/DONOR BENEFITS: The IRS requires that we report any benefits provided to you in exchange for sponsorships or donations. You may choose not to receive any benefits. Please check the box below to waive your benefits.

I wish to waive my rights to all benefits associated with my sponsorship or donation.

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NAME/COMPANY NAME INCLUDED ON PRINT AND ONLINE MATERIAL

Yes, include my name/company name. No, do not include my name/company name.

Note: If you waived your rights to all benefits your name/company name can still be included on print and online materials.

PAYMENT

Enclosed is a check in the amount of \$ _____ made payable to Rick Sharp Alzheimer's Foundation or RSAF.

Payment made online in the amount of \$ _____ on _____ (Date).

Please mail (or scan and email) your completed form if payment was made online.

The Rick Sharp Alzheimer's Foundation gratefully acknowledges receipt of your generous contribution to the "Alzheimer's Day in RVA" event. The contribution becomes the property of the Rick Sharp Alzheimer's Foundation, a not-for-profit organization under Section 501(c)(3) of the Internal Revenue Code. The 1993 Tax Act requires us to inform you when gifts or services have been provided to you as a result of your donation. Contributions are tax-deductible to the extent allowed by law.

Sponsor/Donor's Signature: _____ Date: _____

Solicitor's Name: _____ Email: _____ Phone: _____

Mail check and completed form to:
Rick Sharp Alzheimer's Foundation, PO Box 42333, Henrico, VA 23242-2333
You may also return a scanned copy of the form to rsvp@ricksharpalz.org.

FOR QUESTIONS, CONTACT:

CARLI NELSON, DONOR ENGAGEMENT AT CARLI@RICKSHARPALZ.ORG / 833.CURE ALZ, OPTION 1.

FOR RSAF USE ONLY

Date/Time Form/Online Purchase Received: _____

ET Date: _____ By: _____ Acct. #: _____

Notes: _____
