MAKING MEMORIES FESTIVAL

SPONSORSHIP COMMITMENT FORM

I would like to commit to the following	lowing sponsor level:	
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Company		
Contact Person		
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City		State
Zip Code	Phone #	
Email		
Social Handles (f)	O	
□ My check payable to Alzheim	ner's Los Angeles for \$_	is enclosed.
\square I prefer to pay via ACH. Pleas	e send me instructions.	
☐ Please charge my credit card	d:	
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Credit Card #		
Expiration Date	Security Code	
Billing Address		
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Authorized Signature		

Please visit AlzheimersLA.org/MakingMemories to securely upload completed form or to make payment online with a credit card.

Forms can also be mailed to:

Alzheimer's Los Angeles, ATTN: Development 4221 Wilshire Blvd, Ste 400, Los Angeles, CA 90010

Questions? Jennifer Holloway: jholloway@alzla.org | (323) 930-6246

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