



advancing research, enhancing support

**Distant Memories Swim - Corporate Sponsorship Opportunities Confirmation Form**

\_\_\_ **YES**, we would like to be a Corporate Sponsor for the 6<sup>th</sup> Annual Distant Memories Swim -July 22, 2009.  
This will confirm our Corporate Sponsorship as listed below:

- \_\_\_ Presenting Sponsor \$ 2,500
- \_\_\_ Friend Sponsor \$ 1,000
- \_\_\_ Swimmer Sponsor \$ 500
- \_\_\_ Supporter Sponsor \$ 100

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

The signature below authorizes AALI to charge my credit card for the selected donation amount:

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ AMEX

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
(Month & Year)

Name as it appears on the credit card: \_\_\_\_\_

Billing Address if different from above: \_\_\_\_\_

**Please return completed form via fax or mail no later than July 1, 2009. Proceeds from The Distant Memories Swim will support the Mission of Alzheimer's Association Long Island.**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**