alzheimer's association®
advancing research, enhancing support

Distant Memories Swim - Corporate Sponsorship Opportunities Confirmation Form

____**YES**, we would like to be a Corporate Sponsor for the 8th Annual Distant Memories Swim – 2011. 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 July13th, 2011. Proceeds from The Distant Memories Swim will support the Mission of Alzheimer's Association Long Island.

_____ _____
Authorized Signature **Date**

alzheimer's association long island
3281 Veterans Memorial Highway, Suite E-13, Ronkonkoma, NY 11779
Phone: (516) 935-1033 or (631) 580-5100 Fax: (631) 580-3100