

The Journey Begins Here 2023 CaringKind New York City Alzheimer's Walk Sponsorship Form

Sponsorship Level	Price	
Ceremony Presenting	\$50,000	Nar — Cor
Exclusive Walk Warm Up	\$25,000	Title
Caregiver Relaxation Station	\$20,000	Sig
Digital Tech	\$15,000	— Pho
Health and Wellness	\$15,000	Billi
Memory Wall	\$10,000	City
Water Station	\$10,000	Soc Fac
Photo Booth/ Social Engagement	\$5,000	Linl —
Activity Station	\$5,000	Inst
Kids Activity	\$5,000	
Paw Therapy	\$2,500	
Sign Station	\$2,500	— Nar

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The Heart of Alzheimer's Caregiving

360 Lexington Avenue, 3rd Fl. NYC 10017 646-744-2900 www.caringkindnyc.org

Name	
 Company Name (for prir	nt materials)
Title	
Signature	
Phone	E-mail Address
riione	L-Mail Address
Billing Address	
City	State Zip
Social Media Facebook.com/	
LinkedIn@	
Instagram@	
CHECK* PLEA	ASE SEND INVOICE
AMEX MAS	TERCARD VISA
DISCOVER	
Name on Card (if differe	nt from above)
Card Number	
Expiration Date	CVV Code
Signature	

My company cannot participate as a sponsor, but would like to make a contribution to CaringKind in the amount of: \$
My company is also interested in organizing a team to participate in the CaringKind NYC Alzheimer's Walk. Please send me a Team Captain information packet.
Our Team Captain/Coordinator is:
Name
E-Mail Address
Phone Number

1. Please return this form to:

CaringKind Attn: Samantha Vaccaro 360 Lexington Avenue, 3rd Floor New York, NY 10017

2. Please email a high resolution version of your company logo to: Svaccaro@cknyc.org

Or complete this form online:

In order to receive the full benefits of Sponsorship and inclusion in print materials, a signed commitment form must be received prior to SEPTEMBER 22, 2023.

* Please make checks payable to: CaringKind

Tax ID #: 13-3277408