



FISHER CENTER FOR  
**ALZHEIMER'S**  
RESEARCH FOUNDATION

# Sponsor Sheet

Signed **X**

(Minors must have this form signed by a parent or guardian)

Parent/Guardian **X**

Name		Page ___ of ___	
Street			
City	ST	Zip	
Tel. Work		Home	
Age	Gender		
Event Site			
Team Name			
Make Checks Payable to: Fisher Center for Alzheimer's Research Foundation			

**SPONSOR NAME**

**ADDRESS**

**FLAT DONATION**

**COLLECTED**

EXAMPLE: JOHN DOE

1111 MAIN ST.,  
ANYTOWN, ANYSTATE 12345

\$25.00



YOUR OWN DONATION

1	YOUR OWN DONATION			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

TOTAL TURNED IN TODAY

\$

TOTAL TURNED IN PRIOR TO WALK  
(Checks and online giving)

COMPANY MATCHING GIFTS  
(Please enclose necessary forms and information)

TOTAL RAISED

\$

**INSTRUCTIONS**

- Start now to get as many sponsors as you can. There is no limit. You can always get extra pledge forms.
- Be sure your sponsors understand their commitment to you and the Fisher Center for Alzheimer's Research Foundation.
- You are responsible for collecting all pledges.
- Keep a copy for your records.
- Thank you for helping Alzheimer's research.



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[www.ALZinfo.org](http://www.ALZinfo.org)