

CORPORATE SPONSORSHIP

A DINNER DANCE CELEBRATING OUR

25th Anniversary

HONORING PALM BEACH LEGEND

Dick Robinson



CORPORATE GRAND BENEFACTOR | \$100,000

- Two tables of EIGHT (8) seats with priority seating
- Name recognition on the invitation, at the event, and in all media and promotional materials
- Opportunity to co-brand with ACC on company website and on publications from date of commitment through February 28, 2023
- Full-page, full color, premium ad/photo in three editions of Alzheimer's Community Care Magazine

CORPORATE PREMIER SPONSOR | \$50,000

- One table of TEN (10) seats with priority seating
- Name recognition on the invitation, at the event and in all media and promotional materials
- Opportunity to provide a gift for the gift bag
- Opportunity to co-brand with ACC on company website and on publications from date of commitment through February 28, 2023
- Full-page, full color, premium ad/photo in two editions of Alzheimer's Community Care Magazine

CORPORATE SILVER SOCIETY | \$25,000

- One (1) Table of EIGHT (8) Seats with Preferred Seating
- Name recognition on the invitation, at the event and in all media and promotional materials
- Opportunity to provide a gift for the gift bag
- Opportunity to co-brand with ACC on company website and on publications from date of commitment through February 28, 2023
- Full-page, full color, premium ad/photo in one edition of Alzheimer's Community Care Magazine

TABLE SPONSOR | \$10,000

- One (1) table of EIGHT (8) seats with preferred seating
- Recognition at the event

DEC 02
2022

7PM Cocktails
8PM Dinner & Dancing
THE BREAKERS PALM BEACH

We would like to support Alzheimer's Community Care's 2022

JINGLE BELL ROCK

- ☐ Corporate Grand Benefactor.....\$100,000
☐ Corporate Premier Sponsor\$50,000
☐ Corporate Silver Society.....\$25,000
☐ Table Sponsor\$10,000

CONTRIBUTION

I am/we are unable to attend but would like to make a contribution
to Alzheimer's Community Care in the amount of \$_____.

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I have enclosed my check of \$_____ Please charge my credit card in the amount of \$_____

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

Card No: _____

Billing Zip Code: _____ Expiration: ____/____

Authorized Signature

