

Arkansas Alzheimer's Cruisin' 4 Alzheimer's Care

SPONSORSHIP

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 Yes, I would like to be a Fill out the information directly 	•		do not wish to	o be a sponsor	tnis year
Name as it appears on all public	cations:				
Address:					
City:	State:	:	Zip Code: _		
E-mail address:		Phone:			
Sponsorship Total: <u>\$100.00</u> You may send sponsorship and below.	if applicable additiona	al raffle ticket ı	money to Meli	ssa Longing at	the address
If you are unable sponsor or wo		•			ch or couple
EVENT TICKETS Please indicate the number of t in sets of two.	ickets you would like t	to purchase be	elow. Please re	member coupl	e tickets come
Individual Ticket:x \$3!	5.00 = \$				
Couple Tickets: x \$60.0	<u>00</u> = \$				
RAFFLE TICKETS					
Single raffle ticket	_x \$ <u>10.00</u> = \$				
Raffle Ticket Set (3)	_x <u>\$25.00</u> = \$				

Please mail forms back to:

Melissa Longing P.O. Box 758 Conway, AR 72033

If you have any questions, please contact Melissa Longing at 501.733.2457