Business Name: ______________________________________________________
Mailing Address: _____________________________________________________
City | State | Zip: ______________________________________________________________
Phone: _______________________________________________________________
Contact Person: _______________________________________________________
Contact Person’s Phone: _______________________________________________
Contact Person’s Email: _______________________________________________
Contact Person’s Signature: ____________________________________________

COUNT ME IN!

☐ Specialty Cocktail or Menu Item
☐ Special In-Store Promotion add $1 at POS to benefit Keep Memory Alive
☐ Purple In-Store Brain Pinups with proceeds benefiting Keep Memory Alive
☐ Host a Fundraiser for Keep Memory Alive

Name of Promotion____________________________________________________
Description (include exciting details of your specialty item or promotion)
_____________________________________________________________________
_____________________________________________________________________

• Keep Memory Alive’s logo use is not permitted without approval.
• The Fundraiser is responsible for marketing and promoting the event and/or promotions, including media, press releases, posters, flyers and advertising. KMA reserves the right to review and approve all such marketing materials in advance.
• Publicity may not suggest that the event and/or promotion is being sponsored, co-sponsored, or produced by KMA, but instead must state that KMA is the beneficiary.

Yes, I agree to the suggested $250 minimum donation (final donation due 12/2020) and have read and will abide by guidelines.

Signature: __________________________________________________________________

PLEASE RETURN FORM TO KEEP MEMORY ALIVE BY OCTOBER 16, 2020:

KEEPMEMORYALIVE@KEEPMEMORYALIVE.ORG

888 W. BONNEVILLE AVENUE | LAS VEGAS, NEVADA 89106 | PH: 702.263.9797 | KEEPMEMORYALIVE.ORG