



**2020 MONTH OF MEMORIES
COMMUNITY PARTNER
PARTICIPATION FORM
NOVEMBER 1-30, 2020**

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