



Application Instructions

1. Fill out the sponsors' information completely, with a full address including zip code. If a group of individuals are sponsoring, please indicate one person as the contact.
2. Please indicate if a full plaque (Plan A) or an individual name (Plan B) is being sponsored. Please check the appropriate box for how many lines will appear on the plaque.
3. List the names(s) of the individuals and any other words to be inscribed on the plaque in the order that you want them to appear and on the lines that you want them to appear. Note: Only twenty (20) spaces are available on each line. Please make sure all names and words are spelled correctly and as you want them to appear. AHH is not responsible for any spelling errors.
4. Please indicate three (3) desired locations for placement of the plaque, in order of the most desired. If an individual name is being sponsored on a group plaque, location requests will be accepted but can not be guaranteed.
5. Sign, date, and return the completed application with the sponsorship fee enclosed to:

**West Hollywood Memorial Walk
Alliance for Housing and Healing
825 Colorado Blvd., Suite 100
Los Angeles, CA 90041**

Please make all checks payable to Alliance for Housing and Healing.

By signing the application the sponsor acknowledges that he/she has received, read, and understands the policies and procedures of the West Hollywood Memorial Walk and agrees to abide by them.

If you have any questions, please call the Development Office at (323) 344-4880 or email jlrenz@alliancehh.org.

The West Hollywood Memorial Walk is both a tribute to those we have lost and a promise to continue our commitment to improve the quality of life for people living with HIV/AIDS. The bronze memorial plaques that line the sidewalks of Santa Monica Boulevard are a visual reminder of how the AIDS epidemic has impacted the very heart of our community.

(Memorial Walk Keystone, Dedicated December 1, 2003)



Sponsorship Application

Name of person(s) to be memorialized: _____

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Name of plaque sponsor: _____

(If the sponsorship is a group of individuals, please choose one person to represent your group.)

Address: _____

_____ Email: _____

Phone: Day _____ Evening _____

Plan A – Individual Bronze Plaque

- Individual plaque on the West Hollywood Memorial Walk
- Choice of location placement (based on availability)
- Installation of plaque on the Memorial Walk within 8 – 10 weeks.

Rate (based on number of lines on an individual plaque):

- \$1,750 1-3 lines
- \$1,875 4 lines
- \$2,000 5 lines

Plan B – Group Bronze Plaque

- The name of your loved inscribed with 3-4 others on a bronze plaque.
- Location of plaque will be determined by AFA (requests will be taken but cannot be guaranteed).
- Time of plaque installation is determined by fulfillment of additional sponsor orders.

Rate (based on how many names in total will appear on the plaque)

- \$750 per name for a 3-name plaque
- \$600 per name for a 4-name plaque
- \$500 per name for a 5-name plaque



Words as you wish them to appear on the plaque, including name:

Line 1: _____
Line 2: _____
Line 3: _____
Line 4: _____
Line 5: _____

Requested installation location of plaque (please include address and landmark):

1st Choice: _____
2nd Choice: _____
3rd Choice: _____

Payment: To honor your loved one(s) with a permanent bronze plaque on the West Hollywood Memorial Walk, send your check payable to AFA/ West Hollywood Memorial Walk or include your credit card information below:

Bill my () Visa () MasterCard () American Express

Account # _____ Exp. Date: _____

Signature _____ Date of Application: _____

Please contact the Development Office at (323) 344-4880 or jlorenz@alliancehh.org if you have any questions.

Mail this completed form to:

**Alliance for Housing and Healing/ West Hollywood Memorial Walk
825 Colorado Blvd, Suite 100, Los Angeles, CA 90041**