

# ANNUAL PARTNERSHIP OPPORTUNITIES



Serving Colorado, Utah and Wyoming

Formerly known as The ALS Association Rocky Mountain Chapter  
Est. 1996

ALS United Rocky Mountain is the only nonprofit organization fighting Lou Gehrig's Disease on every front throughout Colorado, Utah and Wyoming. By leading the way in providing assistance for people with ALS, coordinating multidisciplinary care through clinical care centers, and fostering government partnerships. ALS United Rocky Mountain builds hope and enhances quality of life while aggressively searching for new treatments and a cure.



## AMYOTROPHIC LATERAL SCLEROSIS (ALS)

Amyotrophic lateral sclerosis (ALS) is a **progressive** neurodegenerative disease that affects nerve cells in the brain and the spinal cord. Eventually, people with ALS lose the ability to initiate and control muscle movement, which often leads to total paralysis and death within three to five years of diagnosis. For unknown reasons, veterans are twice as likely to develop ALS than the general population. There is no cure, and only one drug approved by the U.S. Food and Drug Administration (FDA) modestly extends survival.



### OUR MISSION

To unite and empower the ALS community through a collaborative approach of providing comprehensive care and support to individuals and families affected by ALS, advancing national and state advocacy, and fostering bold research initiatives.

### FACTS ABOUT ALS

- ALS stands for amyotrophic lateral sclerosis and is more commonly known as Lou Gehrig's Disease
- Every 90 minutes someone is diagnosed with ALS, and every 90 minutes someone loses their battle to this fatal disease
- The average life span after diagnosis is 3-5 years
- **Military veterans are twice as likely than the general population to die from ALS**
- Living with ALS can cost more than \$250,000 per year

# ROCKY MOUNTAIN EXPOSURE

Over 5,500 participants at events  
Thousands of Social Media followers  
E-Newsletter reach of 20,000+ constituents

## EVENTS

### SKI ALS



### ANNUAL SUNSET GALA



### WALK ALS

DENVER, CO  
COLORADO SPRINGS, CO  
FORT COLLINS, CO  
UTAH, UT



### CARE SERVICES

SYMPOSIUM  
MONTHLY EDUCATIONAL SERIES  
ALS 101 - NEWLY DIAGNOSED



### MAKING AN IMPACT

Thousands of people with ALS, their families and caregivers, as well as their extended professional medical team have been served throughout Colorado, Utah and Wyoming. Services provided are free-of-charge and include: multi-disciplinary clinics, support groups, individualized care consultations, equipment loans and educational events/materials.

## VALUE TO YOU

**Extensive Exposure in the Market:** Provide maximum value and exposure of your brand, products and services.

**Community Relations:** Educate your clients about ALS and enhance your image as a caring community partner.

**Clear Purpose of Mission:** 100% of proceeds stay in the Rocky Mountain region to support local residents affected by ALS, while additional funds support global research.

**Customized Programs for Employees:** Opportunities for your employees to become actively involved through event participation and volunteer service. Also promotes team building and builds morale!



# ANNUAL PARTNERSHIP AGREEMENT FORM

## PARTNERSHIP LEVELS

HERO	_____	\$ 25,000
CHAMPION	_____	\$ 15,000
WARRIOR	_____	\$ 10,000
STAR	_____	\$ 7,500
ALLY	_____	\$ 5,000
ADVOCATE	_____	\$ 2,500
COMMUNITY	_____	\$ 1,500

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Company Website: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are you a Care Services Provider? \_\_\_ YES \_\_\_ NO

Partnership agreement form due promptly to **ALS United Rocky Mountain** to ensure company name and/or logo placement on agreed upon marketing materials. Due to rolling print deadlines, some benefits may not be available.

### PAYMENT

\_\_\_ Please invoice my company

\_\_\_ Check is enclosed (payable to: ALS United Rocky Mountain )

\_\_\_ Credit Card # \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

\_\_\_ Our company will form a team. Please send me more information.



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ALS United Rocky Mountain  
10855 Dover Street, Suite 500  
Westminster, CO 80021

events@alsaco.org

Phone 303.832.2322 | Fax 303.832.3365