

# BELOVED MEMORIES



## GREETINGS!

Thank you for your interest in the BELOVED MEMORIES GAME™. In order for this project to be successful, the involvement of a family member or close caregiver is imperative from the very beginning. If someone you love is suffering from Alzheimer's or dementia and would like to participate in this 'preservation project', your assistance throughout the memory retrieval and interview processes is a vital one.

There are three stages to my grant project, all of which involves sharing the life and sometimes struggles of the person suffering from Alzheimer's or dementia to the public. The first stage is the MEMORY GAME (currently in progress). The other two stages (COMMEMORATIVE BOOK and ART EXHIBITION) will be much further down the road, but are open to anyone who is interested in sharing their stories. If you are interested in any of the three stages, willing participants must sign the Liability and Art Release form in this packet in order to participate in any stage of the project. By participating in any and all stages of the project, we hope to remove the stigma, embarrassment and denial attached to Alzheimer's and forms of dementia in our society.

I appreciate your enthusiasm in this project that is very dear to my heart. Together, we can preserve the stories of extraordinary individuals that have helped shape our lives while getting more people involved in fighting this debilitating disease.

Please read over the packet of information provided to you. If you have any questions regarding the project, please let me know.

Many thanks,

Evelyn Davis-Walker  
Davis Walker Creative

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## ABOUT THE PROJECT

For the past three years, I have been developing a way for Alzheimer's patients and their loved ones to preserve their most precious memories before they slip away. The BELOVED MEMORIES GAME™ is a project I designed to help preserve memories and lives as well as allow people effected with Alzheimer's/dementia (along with their loved ones) to connect with each other through the act of playing. The intent of the BELOVED MEMORIES GAME™ is two-fold: one to improve the short term and long term memory skills of Alzheimer's/dementia patients, and two, to provide a permanent record of memories for the family member to keep after their loved one has passed away. Recently I was awarded an Individual Art Grant from AOL Artists foundation, [<http://www.aolartists.com/25for25-winners>], providing me funding to potentially reach 200 Ohio residents diagnosed with dementia and Alzheimer's.

## PHASE 1 - MEMORY GAME

The grant would allow me to know each participant through relaxed interviews, asking them to tell stories about their lives and sifting through old photographs and mementos. Prior to our interview session, each Alzheimer's and dementia participant (and family member assisting the participant) would fill out a Memory Sheet, by writing a one-sentence description of 16 of his or her favorite or most powerful memories. These memories could include a simple memory like the birth of a child, or a favorite food. Other memories could be more specific, for instance (wanting to grow up to be Jean Harlow as a child.)

From those 16 responses, my graphic designer and I would create personalized 4" x 4" memory cards from your scanned in photographs or illustrations during the time of your brief "sit-down" with me. On one side of the card will have the image based on one of the memories as well as the one-sentence description to reinforce the memory underneath the image. On the back of each card will be a specialized logo created of their name to keep track of their memories from other participants involved in the project. Each set of cards will be kept in a customized game box with their name on it, again, to help keep their memories separate from others.

## PHASE 2 - COMMEMORATIVE BOOK

As a capstone to this unique project, I intend to create a book documenting each step of the project. Included in the book will be information about the participants; including names, bios, photographs and memories listed. I would like the book to be a vehicle for potential financial donors to review the success of the project, and feel compelled to donate to Alzheimer's research. This book would be available to the public as well. *This project will not start until all 200 games are completed.*

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## PHASE 3 - NATIONAL ART EXHIBITION

The last phase of my grant involves putting together a national art exhibit of imagery, stories, memories and lives of individuals who participated in the Beloved Memories Game Project. Included in this exhibition would be things such as video excerpts of interview sessions, old photographs of participant's lives, sample game boxes and memory cards, and other material collected during the production of the Beloved Memories Game Project.

## HOW YOU CAN PARTICIPATE

Enclosed in this packet, you will find a Participant Application, Art Release Form, and Memory Sheet. Please fill out each form. Once you are ready, please contact your coordinator/representative helping out with the project to sign up for one of the scheduled interview sessions.

Many thanks!

Evelyn Davis-Walker

614-264-2323

evelyn@daviswalkercreative.com





**PARTICIPANT CONTACT INFORMATION**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please print clearly. Use blue or black ink.  
This section is for the participant with Alzheimer's/dementia.

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_  
Daytime Cell

**FAMILY /CAREGIVER CONTACT INFORMATION**

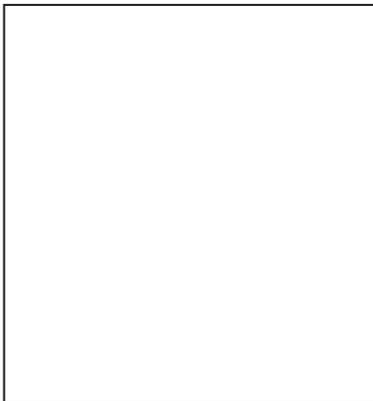
Family Member \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_  
Daytime Cell

Email \_\_\_\_\_

**VITAL STATISTIC INFORMATION**



Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Male / Female

Are you associated with an assisted living facility? Yes / No

If yes, which facility? \_\_\_\_\_

Year you were diagnosed with dementia/Alzheimer's: \_\_\_\_\_

How did you hear about the Beloved Memories Project?  
\_\_\_\_\_

\_\_\_\_\_  
Participant (Print Name) Date

\_\_\_\_\_  
Participant (Signature) Date

\_\_\_\_\_  
Family Member/Caregiver (Print Name) Date

\_\_\_\_\_  
Family Member/Caregiver (Signature) Date



Please write a SHORT sentence that will be on the card with the image.  
 (ie. Sold artichokes as a kid. OR Wanted to be Jean Harlow as a kid.)  
 The game consists of 16 memories - printed twice making up a 32 card set.  
 We have provided you extra spaces so you can write all your memories down  
 first, then narrow down to 16 total memories.

Do you have a photo/memento for this  
 memory that you will bring to the interview?

1. \_\_\_\_\_.
2. \_\_\_\_\_.
3. \_\_\_\_\_.
4. \_\_\_\_\_.
5. \_\_\_\_\_.
6. \_\_\_\_\_.
7. \_\_\_\_\_.
8. \_\_\_\_\_.
9. \_\_\_\_\_.
10. \_\_\_\_\_.
11. \_\_\_\_\_.
12. \_\_\_\_\_.
13. \_\_\_\_\_.
14. \_\_\_\_\_.
15. \_\_\_\_\_.
16. \_\_\_\_\_.

- Yes / No  
 Yes / No

- 
- \_\_\_\_\_.
  - \_\_\_\_\_.
  - \_\_\_\_\_.
  - \_\_\_\_\_.
  - \_\_\_\_\_.
  - \_\_\_\_\_.
  - \_\_\_\_\_.
  - \_\_\_\_\_.
  - \_\_\_\_\_.

- Yes / No  
 Yes / No

Please remember to bring this memory sheet, and all of the photographs and mementos you have for these memories to your personal interview. If you do not have a personal photo/memento for a memory, don't worry, we will illustrate one for you!



# LIABILITY and ART RELEASE FORM

I, \_\_\_\_\_ and \_\_\_\_\_, do hereby grant Davis Walker Creative right to use my name, pictures, photographs and stories (hereafter referred to as "Game Material") that I may provide during my involvement in the BELOVED MEMORIES GAME™ project. Game Material may be used by Davis Walker Creative to help promote and advertise the BELOVED MEMORIES GAME™ project to help future participants. Further, I hereby release, discharge and agree to hold harmless Davis Walker Creative, its affiliates, representatives, employees, contractors, assigns, and successors from any liability arising from the use of all Game Material and Work Product.

|  |          |
|--|----------|
| I consent to the use of any representation of myself for any lawful purpose, including, but not limited to, my story, photographs and biography in the following phases of the BELOVED MEMORIES GAME™ project: |          |
| Memory Game  | YES / NO |
| Commemorative Book   | YES / NO |
| National Exhibition  | YES / NO |

We, the undersigned, having fully read the above LIABILITY AND ART RELEASE FORM, declare that we are familiar with its contents and are in agreement with its terms and conditions:

\_\_\_\_\_/\_\_\_\_\_  
Participant (Print Name) / Date

\_\_\_\_\_/\_\_\_\_\_  
Participant (Signature) / Date

\_\_\_\_\_/\_\_\_\_\_  
Representative (Print Name) / Date

\_\_\_\_\_/\_\_\_\_\_  
Representative (Signature) / Date