

23RD Annual Statewide Down Syndrome Awareness Walk



dsaw
Down Syndrome
Association of Wisconsin, Inc.
awareness · acceptance · assistance

Sponsorship/Marketing Agreement:

Contact Name _____

Title _____

Organization (Exactly as you would like it to appear in print) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Website _____

Signature _____ Date _____

My signature indicates authorization to make this commitment on behalf of my company

Marketing Contact Name _____ Email _____

Sponsorship Level:

- | | | |
|--|--|---|
| <input type="checkbox"/> Platinum Sponsor: \$15,000 | <input type="checkbox"/> Gold Sponsor: \$10,000 | <input type="checkbox"/> Diamond Sponsor: \$5,000 |
| <input type="checkbox"/> Silver Sponsor: \$2,500 | <input type="checkbox"/> Bronze Sponsor: \$1,000 | <input type="checkbox"/> Sponsor a Fact Sign: \$500 |
| <input type="checkbox"/> Underwriting of _____ | <input type="checkbox"/> In-Kind of _____ | |
| <input type="checkbox"/> I am unable to attend the Awareness Walk, but please accept my donation in the amount of \$ _____ | | |

Other Donations:

We also need goods and services for our raffles! Consider donating:

Good/Service: _____ Value: \$ _____

Method of Payment:

- Check enclosed (Please make checks payable to DSAW)
- Visa Mastercard
- Card # _____ 3 digit security code _____
- Exp Date _____ Zip Code _____
- Signature _____ Date _____

Down Syndrome Association of Wisconsin
11709 W Cleveland Ave, Suite 2
West Allis, WI 53227
Email: info@dsaw.org Phone: (414) 327-3729 Fax: (414) 327-1329

Marketing Purpose: The purpose of the event is to benefit the Down Syndrome Association of Wisconsin programs and services and to advance its non-profit mission.

DSAW must receive this agreement form before August 31, 2019 in order for your company to receive sponsorship recognition. Email, mail, or fax the form.