

13<sup>TH</sup> Annual  
DSAW-Chippewa Valley  
**DOWN SYNDROME  
AWARENESS WALK**



**dsaw**  
Down Syndrome  
Association of Wisconsin, Inc.  
*awareness • acceptance • assistance*  
Chippewa Valley

## 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: \$7,500   | <input type="checkbox"/> Gold Sponsor: \$5,000                   | <input type="checkbox"/> Diamond Sponsor: \$2,500   |
| <input type="checkbox"/> Silver Sponsor: \$1000  | <input type="checkbox"/> Bronze: \$500                           | <input type="checkbox"/> Sponsor a Fact Sign: \$250 |
| <input type="checkbox"/> Underwriting of _____   | <input type="checkbox"/> In-Kind of _____ with value of \$ _____ |   |
| <input type="checkbox"/> I am unable to attend the awareness walk, but please accept my donation in the amount of \$ _____ |  |   |

### Form a Team:

Why not join us for the walk? Stay tuned for registration information. Bring your co-workers, family, and friends with you! You will have a great time, all while raising money for DSAW.

### Method of Payment:

☐ Check enclosed (Please make checks payable to DSAW)

☐ Visa ☐ Mastercard

Card # \_\_\_\_\_ 3 digit security code \_\_\_\_\_

Exp Date \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please mail or fax form to:

DSAW-Chippewa Valley

c/o DSAW Inc

11709 W Cleveland Ave, Suite 2, West Allis, WI 53227

Email: [info@dsawchippewavalley.org](mailto:info@dsawchippewavalley.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 Chippewa Valley programs and services and to advance its non-profit mission.

DSAW-CV must receive this agreement form before August 31, 2019 in order for your company to receive sponsorship recognition.