

AWARENESS WALK SPONSORSHIP

10.01.22



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

If your sponsorship is in support of a specific individual or team, please list their name here:

Sponsorship Level:

- Platinum Sponsor: \$10,000 Gold Sponsor: \$5,000 Silver Sponsor: \$2,500
 Bronze Sponsor: \$1,000
 Underwriting of _____ In-Kind of _____
 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 _____

DSAW-Fox Cities
526 W Wisconsin Ave, 2W | Appleton, WI 54911
Email: info@dsawfoxcities.org Phone: 920-460-9494

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

DSAW must receive this agreement form before August 15, 2022 in order for your company to receive sponsorship recognition. Email or mail the form.