DSAW-Green Bay Connection

Nown Syndrome Awareness Walk 2020



VIRTUALLY INSEPARABLE

Sponsorship/Marketing Agreement:

Contact Name		
Title		
Organization (Exactly as you would like it to appear	in print)	
Address		
City		
Phone	Fax	
Email	Website	
Signature	Date	
My signature indicates authorization to make this cor	nmittment on behalf of my compan	ny
Marketing Contact Name	Email	
Sponsorship Level:		
Platinum Sponsor: \$10,000	Gold Sponsor: \$5,000	Diamond Sponsor: \$2,500
Silver Sponsor: \$1,000	ronze Sponsor: \$500	Sponsor a Fact Sign: \$100
Underwriting of In	n-Kind of	_
Please accept my donation in the amount of	f\$	
_		
Other Donations:		
We also need goods and services for our si	lent auctions! Consider dona	ating:
Good/Service:		Value: \$
Method of Payment:		
_		
Check enclosed (Please make checks pay	vable to DSAW)	
Visa Mastercard		
	3 digit security code	
Exp Date	Zip Code	
Signature	Date	

Email: info@dsaw-gbc.org Phone: (414) 327-3729 Fax: (414) 327-1329

Marketing Purpose: The purpose of the event is to benefit the DSAW-Green Bay Connection programs and services and to advance its non-profit mission.

DSAW must receive this agreement form before August 31, 2020 in order for your company to receive sponsorship recognition. Email, mail, or fax the form.