

9TH Annual
DSAW—Sheboygan & Surrounding Counties
**DOWN SYNDROME
AWARENESS WALK**



dsaw
Down Syndrome
Association of Wisconsin, Inc.
Sheboygan and Surrounding Counties

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:

☐ Platinum Sponsor: \$5,000

☐ Gold Sponsor: \$2,500

☐ Diamond Sponsor: \$1,000

☐ Silver Sponsor: \$500

☐ Bronze Sponsor: \$250

☐ Sponsor a Fact Sign: \$100

☐ 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 raffle, and vocal & silent auctions! 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-Sheboygan & Surrounding Counties

c/o DSAW, Inc

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 DSAW-Sheboygan and Surrounding Counties programs and services and to advance its non-profit mission.

DSAW must receive this agreement form before September 1, 2018 in order for your company to receive sponsorship recognition. Email, mail, or fax the form.