

22ND 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:

☐ Platinum Sponsor: \$15,000

☐ Gold Sponsor: \$10,000

☐ Diamond Sponsor: \$5,000

☐ Silver Sponsor: \$2,500

☐ Bronze Sponsor: \$1,000

☐ Sponsor a Fact Sign: \$500

☐ 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 _____

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, 2018 in order for your company to receive sponsorship recognition. Email, mail, or fax the form.