

10TH ANNIVERSARY DSAW-GREEN BAY
DOWN SYNDROME
AWARENESS WALK



dsaw
Down Syndrome
Association of Wisconsin, Inc.
awareness • acceptance • assistance
GREEN BAY

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: \$7,500

Gold Sponsor: \$5,000

Diamond Sponsor: \$2,500

Silver Sponsor: \$1,000

Bronze Sponsor: \$500

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! 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-Green Bay Connection
PO Box 668
Green Bay, WI 54305-0668
Email: info@dsaw.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 July 21, 2018 in order for your company to receive sponsorship recognition. Email, mail, or fax the form.