

10TH Anniversary
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, 2019 in order for your company to receive sponsorship recognition. Email, mail, or fax the form.