

**DSAW-Central Wisconsin**

# Down Syndrome Awareness Walk 2020

**VIRTUALLY INSEPARABLE**



**dsaw**  
Down Syndrome  
Association of Wisconsin, Inc.  
*awareness · acceptance · assistance*  
**CENTRAL WI**

## **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 \_\_\_\_\_

Please accept my donation in the amount of \$ \_\_\_\_\_

## **Other Donations:**

We also need goods and services for our 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-Central Wisconsin**

c/o DSAW, Inc.

11709 W Cleveland Ave, Suite 2, West Allis, WI 53227

Email: [info@dsawcentral.org](mailto:info@dsawcentral.org) Phone: (414) 327-3729 Fax: (414) 327-1329

**Marketing Purpose:** The purpose of the event is to benefit the DSAW-Central Wisconsin 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.*