

# Mini Golf & Walk Fundraiser 2021



## 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
- Silver Sponsor: \$1,000
- Underwriting of \_\_\_\_\_
- Please accept my donation in the amount of \$ \_\_\_\_\_
- Diamond Sponsor: \$2,500
- Hole Sponsor: \$500
- In-Kind 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 \_\_\_\_\_

DSAW-Sheboygan & Surrounding Counties  
c/o DSAW, Inc.  
11709 W Cleveland Ave, Suite 2, West Allis, WI 53227  
info@dsawsheboygan.org | dsaw.org/sheboygan

**Marketing Purpose:** The purpose of the event is to benefit the Down Syndrome Association of Wisconsin - Sheboygan & Surrounding Counties programs and services and to advance its non-profit mission.

*DSAW must receive this agreement form before July 31, 2021 in order for your company to receive sponsorship recognition. You may email or mail the form.*