

DSAW-La Crosse  
**Down Syndrome  
Awareness Walk 2022**



**dsaw**  
**Down Syndrome**  
Association of Wisconsin, Inc.  
*awareness · acceptance · assistance*  
CHILDREN OF THE HEART  
GREATER LA CROSSE AREA

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

Underwriting of \_\_\_\_\_

In-Kind of \_\_\_\_\_

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  
Children of the Heart - Greater La Crosse Area  
PO Box 475, La Crosse, WI 54602**

**Contact Jean Ahrens, La Crosse Walk Committee: (507) 363-0591 | ahrenski@yahoo.com**

**Marketing Purpose:** The purpose of the event is to benefit the Down Syndrome Association of Wisconsin - Children of the Heart - Greater La Crosse Area programs and services and to advance its non-profit mission.

*DSAW must receive this agreement form before August 31, 2022 in order for your company to receive sponsorship recognition. You may email or mail the form.*