

DSAW-Central Wisconsin Down Syndrome Awareness Walk 2022



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

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 raffles! Please consider giving a gift card or other in-kind donation:

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 Phone: (414) 327-3729 Fax: (414) 327-1329

Marketing Purpose: The purpose of the event is to benefit the Down Syndrome Association of Wisconsin - Central Wisconsin 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.