

# AWARENESS WALK SPONSORSHIP

# 10.07.23



## 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*

If your sponsorship is in support of a specific individual or team, please list their name here:

\_\_\_\_\_

## Sponsorship Level:

- Platinum Sponsor: \$10,000       Gold Sponsor: \$5,000       Silver Sponsor: \$2,500  
 Bronze Sponsor: \$1,000  
 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 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-Fox Cities  
526 W Wisconsin Ave, 2W | Appleton, WI 54911  
Email: dsawfoxcites@dsaw.org Phone: 920-201.1144

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

DSAW must receive this agreement form before August 15, 2023 in order for your company to receive sponsorship recognition. Email or mail the form.