

DSAW-La Crosse
**Down Syndrome
Awareness Walk 2023**



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

La Crosse

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 - La Crosse
PO Box 475, La Crosse, WI 54602
Contact Jean Ahrens, (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, 2023 in order for your company to receive sponsorship recognition. You may email or mail the form.