DSAW-Green Bay Connection Down Syndrome Awareness Walk 2023



Sponsorship/Marketing Agreement:

Contact Name	
Title	
Organization (Exactly as you would like it to appear in ,	print)
Address	
	StateZip
Phone	Fax
Email	Website
	Date
My signature indicates authorization to make this comm	ittment on behalf of my company
Marketing Contact Name	Email
Sponsorship Level:	
Silver Sponsor: \$1,000	nond Sponsor: \$5,000 Gold Sponsor: \$2,500
	ind of
Please accept my donation in the amount of \$	
Other Donations:	
We also need goods and services for our raffl	es! Consider donating:
Good/Service:	Value: \$
Method of Payment:	
Check enclosed (Please make checks payab	le to DSAW)
Visa Mastercard	
Card #	3 digit security code
	Zip Code
Signature	
DSAW-Green Bay Connection PO Box 668, Green Bay, WI 54305 Email: greenbay@dsaw.org Phone: (414) 32	7-3729 Fax: (414) 327-1329
Marketing Purpose : The purpose of the e Bay Connection programs and services a	event is to benefit the Down Syndrome Association of Wisconsin - Gr

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.