



Yes! I want to support DSAW-Fox Cities in 2024!

| Organization | |
|-----------------------------------|--|
| Name | |
| Contact Person | Title |
| Work Phone | Mobile Phone |
| Do you have a walk team? Y/N T | eam Name |
| Business Street Address | |
| City | State Zip |
| Email Address | |
| | nation Description: |
| Raffle Donation Value? | |
| Payment Types: Check Enclosed | OR Process Credit Card (enter details below or call) |
| Credit Card # | Exp/ Security Code |
| This represents a 2024 commitm | ent to DSAW-Fox Cities in the amount indicated. |
| Sponsorship Level (Circle One) P | latinum / Silver / Gold / Bronze / Friend |
| T-Shirt Sizes (Platinum & Silver) | |
| I/We give permission to DSAW-Fe | ox Cities to use our/my name and logo as a sponsor |
| for the event(s) chosen above fo | r all event materials. |
| Signature | Date |

Please send completed form and preferred logo in color & b/w to:

DSAW-Fox Cities 526 W. Wisconsin Ave., 2W Appleton, WI 54911

Or email: Stacy Peapenburg - speapenburg@dsaw.org

Questions Call 920.201.1144 ext. 155



OR scan the QR Code with your phone to pay your sponsorship online. You must click "company donation". then mail or email this form.

Thank You For Your Sponsorship!

Marketing Purpose: The purpose of the events is to benefit the Down Syndrome Association of Wisconsin-Fox Cities events, programs and services and to advance its non-profit mission. DSAW-Fox Cities must receive this agreement form before August 23, 2024 in order for your company to receive full sponsorship recognition.