



Yes! I want to support the Down Syndrome Association of Wisconsin in 2026!

Organization _____
Name _____
Contact Person _____ Title _____
Work Phone _____ Mobile Phone _____
Contact for Walk Team (if different than above) _____
Business Street Address _____
City _____ State _____ Zip _____
Email Address _____
Raffle Basket Donation? Y / N Donation/Value: _____

Payment Types (circle):
Check Enclosed | Send Invoice | Credit Card (please enter online)

Sponsorship Amount: _____

I/We give permission to DSAW to use our/my name and logo as a sponsor for the event chosen above for all event materials.

Signature _____ Date _____

Please send completed form and preferred logo to:
DSAW - Attn: Katie Gleason
1214 Kavanaugh Place, Wauwatosa, WI 53213
Or email: Katie Gleason - kgleason@dsaw.org
Questions call 414-327-3729



Or scan the QR Code with your phone to pay your sponsorship online. Please click "corporate gift" on the 2nd page of the donation form. Once complete mail or email this form to the address on the left.

Marketing Purpose: The purpose of the event is to benefit the Down Syndrome Association of Wisconsin's programs and services and to advance its non-profit mission. DSAW must receive this agreement form before August 21st, 2026 in order for your company to receive full sponsorship recognition.

Thank You For Your Sponsorship!