



Yes! I want to support DSAW-Sheboygan and Surrounding Counties in 2025!

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-Sheboygan and Surrounding Counties to use our/my name and logo as a sponsor for the event(s) chosen above for all event materials.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send completed form and preferred logo to:**

DSAW-Sheboygan and Surrounding Counties

1214 Kavanaugh Place, Wauwatosa, WI 53213

Or email: [sheboygan@dsaw.org](mailto:sheboygan@dsaw.org)

Questions call (920) 201-1144



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

**Marketing Purpose:** The purpose of the event is to benefit the Down Syndrome Association of Wisconsin-Sheboygan chapter's programs and services, and to advance its non-profit mission. DSAW-Sheboygan must receive this agreement form before August 22nd, 2025 in order for your company to receive full sponsorship recognition.

Thank You For Your Sponsorship!