



Yes! I want to support DSAW–Greater La Crosse Area in 2024!

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 donation Y/N Donation description - _____

Donation value - \$ _____

Payment Types:

Send Invoice Check Enclosed Process Credit Card (enter details below or call)

Credit Card # _____ Exp. ____/____ Security Code _____

This represents a 2024 commitment to DSAW-Greater La Crosse Area in the amount indicated.

Sponsorship Level - _____

Please fill out and return the Marketing Agreement with your contribution before August 23, 2024.

I/We give permission to DSAW-Greater La Crosse Area 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-Greater La Crosse Area

PO Box 475 La Crosse, WI 54602

Or email: ksteege-coelin@dsaw.org

Questions contact Kitty at 608-883-3729 ext. 203

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

Thank You For Your Sponsorship!