



Yes! I want to support DSAW—Sheboygan and Surrounding Counties 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 Basket Donation? Y / N Donation/Value: _____

Payment Types (circle):
Check Enclosed 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
11709 W Cleveland Ave. #2, West Allis, WI 53227
Or email: Erika Pankratz - epankratz@dsaw.org
Questions call (920) 201-1144 ext. 161



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 2th, 2024 in order for your company to receive full sponsorship recognition.

Thank You For Your Sponsorship!