



Yes! I want to support DSAW-Chippewa Valley 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 Raffle donation value \$ _____
Raffle donation description _____

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-Chippewa Valley in the amount indicated.
Sponsorship Level \$ _____

I/We give permission to DSAW-Chippewa Valley 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 email preferred logo to:
DSAW-Chippewa Valley
PO Box 493, Eau Claire, WI 54702
Or email: Steph Olson solson@dsaw.org
Questions Call (715) 290-3729 ext. 124

Marketing Purpose: The purpose of the event is to benefit the Down Syndrome Association of Wisconsin-Chippewa Valley’s programs and services and to advance its non-profit mission. DSAW-CV must receive this agreement form and logo **before Friday, August 16, 2024**, in order for your company to receive full sponsorship recognition.

Thank You For Your Sponsorship!