

DOWN SYNDROME ASSOCIATION OF WISCONSIN



# GREEN BAY down syndrome awareness walk

**Capital Credit Union Park** **Oct. 11th, 2025**

**Yes! I want to support DSAW-Green Bay 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 Type: \_\_\_\_\_

This represents a 2025 commitment to DSAW-Green Bay in the amount indicated.

Sponsorship Level (Circle one) Platinum | Diamond | Silver | Gold | Bronze

Payment Types (circle type below):

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

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ / \_\_\_\_\_ Security Code \_\_\_\_\_

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

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

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

DSAW-Green Bay PO Box 668, Green Bay, WI 54305 or by email to Keri Friebe at [kfriebe@dsaw.org](mailto:kfriebe@dsaw.org)

Questions Call (920) 201-1144 ext 158

## Thank You For Your Sponsorship!

**Marketing Purpose:** The purpose of the events is to benefit the Down Syndrome Association of Wisconsin-Green Bay chapter's programs and services and to advance its non-profit mission. DSAW-Green Bay must receive this agreement form before August 31, 2025 in order for your company to receive full sponsorship recognition.