

STEP UP FOR DOWN SYNDROME WALK

SPONSORSHIP FORM

ARROWHEAD STADIUM LOT C • SATURDAY, OCTOBER 16, 2021



Please return completed form to:
stoll@kcdsg.org

Or mail to:
Down Syndrome Guild
5960 Dearborn, Suite 100
Mission, KS 66202
Office: 913-384-4848

Please make your pledge by
August 27, 2021

Contact Name: _____

Company (as you would like it to appear on your shirts): _____

Address: _____

City: _____

St: _____

Zip: _____

Phone: _____

E-mail: _____

LEVEL OF SPONSORSHIPS

<input checked="" type="checkbox"/>	PARTICIPATION LEVEL	NUMBER OF PARTICIPANTS	LOGO	PRICE	ENCLOSED
<input type="checkbox"/>	Title Sponsor	Up to 100	x	\$15,000	\$
<input type="checkbox"/>	Presenting Sponsor	Up to 75	x	\$10,000	\$
<input type="checkbox"/>	Gold Step Up Sponsor	Up to 50	x	\$5,000	\$
<input type="checkbox"/>	Silver Step Up Sponsor	Up to 25	x	\$2,500	\$
<input type="checkbox"/>	Bronze Step Up Sponsor	Up to 10	x	\$1,000	\$

I am unable to sponsor. Please accept my donation of: \$ _____

Please Invoice

-OR-

Amount Enclosed = \$

CREDIT CARD ISSUED BY (CIRCLE): VI, MC, AX, Disc

CREDIT CARD NUMBER: _____

Exp. Date: _____

CVV Code: _____

Zip Code: _____

Keep a copy of this Donor Form for your records.