



# 22nd ANNUAL BUDDY WALK®

## SPONSORSHIP OPPORTUNITIES

	Programing Partner	Title Sponsor	Corporate Sponsor	Tent Sponsor	Community Sponsor	First Steps Sponsor	Awareness Sponsor
Company tent (10x10) at the event with banner with name and logo	X						
Company highlighted throughout the year when advertising our other events (such as DSI Summer Picnic) Example: DSI's Summer Picnic brought to you by our Programing Partner (your company name)	X						
Company name and logo on event posters and stage banner			X				
Company logo/name featured on banners/signs for respective tent(s) (Information Expo, Food & Beverage Tent, First Aid Tent, Volunteer Hospitality Tent, Children's Tent, Self-Advocate's V.I.P Tent)				X			
Top Prominent logo/name placement on event brochures and posters	X	X					
Top Prominent logo/name placement on walk T-shirts	X	X					
Company logo/name placement on walk T-shirts			X	X			
Company name on walk T-shirts					X		
Company logo and link on DSI website and social media	X	X	X	X	X	X	
Company logo and link sent to over 1,000 DSI E-News subscribers	X	X	X	X	X	X	
Company logo/name featured on signage at walk	X	X	X	X	X		
Three signs along the walk route promoting a fact about Down syndrome that says company name	X	X	X	X	X		
One sign along the walk promoting a fact about Down syndrome that says company name						X	X
20 complimentary T-shirts for corporate team walkers at the walk	X						
10 complimentary T-shirts for corporate team walkers at the walk		X					
5 complimentary T-shirts for corporate team walkers at the walk			X	X			
2 complimentary T-shirts for corporate team walkers at the walk					X		
1 complimentary T-shirt for corporate team walker at the walk						X	
Company table at exhibitor/info tent if desired (please specify on application)	X	X	X	X	X	X	
Sponsor award on day of walk	X						
Sponsorship Value	\$10,000	\$5,000	\$2,500	\$1,500	\$1,000	\$500	\$250

### Special Notes

- All contributions and Buddy Walk® sponsorships benefit Down Syndrome Indiana.
- Down syndrome Indiana is a 501(c)(3) tax-exempt organization. All gifts are tax-deductible to the extent permitted by law.
- Federal Tax ID #80-072286
- Programing Partner and Title Sponsor contributions must be received by **July 12<sup>th</sup>, 2019** to be included in Buddy Walk brochures as well as other promotional materials.
- All other contributions must be received by **August 12<sup>th</sup>, 2019** to be included on Buddy Walk promotional material.
- **Buddy Walk® is on Saturday, October 5<sup>th</sup>, 2019 at White River State Parks Celebration Plaza**



Please send attached confirmation form to:

Down Syndrome Indiana, 708 East Michigan Street, Indianapolis, IN 46202 or fax the completed form to 317-925-7619, or scan and email the completed form to [buddywalk@dsindiana.org](mailto:buddywalk@dsindiana.org).

# I WOULD LIKE TO SPONSOR THE BUDDY WALK® INDIANAPOLIS!



Name: \_\_\_\_\_

Agency Name (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If you are a Title, Corporate, Tent, Community, or First Steps Level Sponsor would you like a table at our exhibitor tent?

(Please circle one) Yes No

Name of Person exhibiting: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you interested in volunteering for DSI? (Please circle one) Yes No

Relationship to an individual with Down syndrome: (Please circle all that apply)

Parent      Grandparent      Professional      Educator      Self Advocate  
Sibling      No Relation      Loved one of an individual who is now deceased      Other

I would like to support Down Syndrome Indiana's mission to serve as a helpful resource providing information, support and activities that, combined or individually, promote growth and participation of people with Down syndrome in their communities. I would like to make the following contribution: \_\_\_\_\_

\$10,000    \_\_\_ \$5,000    \_\_\_ \$2,500    \_\_\_ \$1,500    \_\_\_ \$1,000    \_\_\_ \$500    \_\_\_ \$250

\_\_\_ Other (Please write in amount) \_\_\_\_\_

Please place a check mark next to the method of payment below:

\_\_\_ Check: Please make check payable to Down Syndrome Indiana and mail to:  
*Down Syndrome Indiana, 708 E. Michigan Street, Indianapolis, IN 46202*

\_\_\_ Charge Card: Please fill in additional information

\_\_\_ Visa    \_\_\_ MasterCard    \_\_\_ Other, please write card type here: \_\_\_\_\_

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Authorized

Signature: \_\_\_\_\_