



Buddy Walk 2019 Sponsorship Form for Check Payments

Name of Sponsor: _____

Address: _____

Phone: _____

Email: _____

Sponsorship Level:

_____ **Title Sponsor: \$5000**

_____ **Buddy Sponsor: \$3210**

_____ **Advocate Sponsor: \$1000**

_____ **Friend Sponsor: \$500**

_____ **Portrait Sponsor: \$150**

Donation Amount: _____

Please make checks payable to LDSS and mail them to the following address:

Lowcountry Down Syndrome Society

10701 Abercorn Street

#60786

Savannah, GA 31420

Thank you for supporting the Lowcountry Down Syndrome Society.