



**2017 SMILE ON DOWN SYNDROME  
SMILE MILE and TRUCKS & HEROES  
CORPORATE SPONSORSHIP PLEDGE FORM**

\_\_\_\_\_ (corporate name)

will place the **2017 SMILE ON DOWN SYNDROME SMILE MILE** in our 2017 Charitable Giving Budget.

We will make a commitment of:

\_\_\_\_\_ \$300 \_\_\_\_\_ \$500 \_\_\_\_\_ \$1,000 \_\_\_\_\_ \$2,500 \_\_\_\_\_ \$ \_\_\_\_\_ (other)

For this year's walk, we understand that corporate giving of \$300 and above ensures recognition on the 2017 **SMILE ON DOWN SYNDROME SMILE MILE** t-shirts and the 2017 brochures when received by SMILE on Down Syndrome prior to the print deadline of July 1, 2017. Other donations will be recognized on October 7, 2017, during the 2017 **SMILE ON DOWN SYNDROME SMILE MILE** event.

\_\_\_\_\_ (corporate name)

will place the **2017 SMILE ON DOWN SYNDROME TRUCKS & HEROES** in our 2017

Charitable Giving Budget. We will make a commitment of:

\_\_\_\_\_ \$500 \_\_\_\_\_ \$1,000 \_\_\_\_\_ \$2,500 \_\_\_\_\_ \$ \_\_\_\_\_ (other)

***(PLEASE NOTE THAT THERE IS A 50% REDUCTION IN SPONSORSHIP FEE AVAILABLE FOR THIS SECOND EVENT IF YOU COMMIT TO BOTH THE TRUCKS & HEROES EVENT AND THIS YEAR'S SMILE MILE BY JULY 1st!)***

Check here if you are committing to both events \_\_\_\_\_ Total donation amount for 2017 \_\_\_\_\_

Name of Corporation: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Please INVOICE us

\_\_\_\_\_ We will supply our corporate logo upon request

**FYI: Please e-mail this Commitment Form to: [nikki@smileondownsyndrome.org](mailto:nikki@smileondownsyndrome.org)  
fax to: (812) 491-6888, or mail to: SMILE on Down Syndrome, PO Box 994, Newburgh, IN 47629**

***Thank you for your partnership as we serve families in our community who have a loved one with Down syndrome. You are helping offer Bright Hope for Tomorrow!***

**SMILE on Down Syndrome**

PO Box 994 ~ Newburgh, IN 47629 ~ phone: 812-449-4118 ~