

TEAM UP WITH A BUDDY SPONSORSHIP FOR THE 2019 COLUMBUS BUDDY WALK®

The Down Syndrome Association of Central Ohio (DSACO) is the leading source of information, support and referral assistance to over 5,000 individuals, families, and community professionals throughout 23 counties in Central Ohio. Our mission is to support families, promote community involvement and encourage a lifetime of opportunities for people with Down syndrome. Our vision is for people with Down syndrome to achieve their fullest potential in an accepting and inclusive community.



The **Columbus Buddy Walk®** is DSACO's signature event, in which more than 12,000 people participated in 2018. The event is celebrated around the world - each city having its own flair. Columbus stays true to its roots, by celebrating awareness with each Buddy Walk® team tailgating before, during and after the walk. Hosted by local TV/radio personalities, the day provides entertainment for all ages, including: vendors, face painting, balloon artists, cheerleaders and food!

2019 COLUMBUS BUDDY WALK®
SUNDAY, SEPTEMBER 29, 2019 | 9:00 A.M.
THE FORTRESS | COLUMBUS, OH

DSACO SEEKS THE FOLLOWING:

For the 2019 Columbus Buddy Walk®, DSACO seeks your company/organization to "TEAM UP WITH A BUDDY" for the Columbus Buddy Walk® on Sunday, September 29, 2019. DSACO will pair your company/organization with a family/team with a child with Down syndrome, whom you will meet and get to know and ultimately, raise money towards their fundraising goal. Responsibilities include:

- » **\$5,000 monetary commitment towards team fundraising goal** (*monetary commitment can be raised with employee engagement, hosting fundraisers, etc. or the company/organization can choose to cut a check for the amount*)
- » **Hosting a Lunch & Learn** at your location with your matched up Columbus Buddy Walk® team
- » **Your company/organization is responsible for catering the team's tailgate** at the Columbus Buddy Walk® on Sunday, September 29, 2019 at The Fortress. DSACO has a catering partnership with Piada Italian Street Food where catering orders can be delivered on-site. Please discuss and determine the best options for your Buddy Walk® team.
- » **Your company/organization's engagement at the Columbus Buddy Walk®** by either joining in on the team's tailgate or hosting your own!

YOUR COMPANY/ORGANIZATION WILL RECEIVE THE FOLLOWING FROM DSACO:

In exchange for \$5,000 monetary commitment for your TEAM UP WITH A BUDDY sponsorship, your company/organization will be considered an equal-valued sponsor of the Columbus Buddy Walk®. Sponsorship includes:

- » **Recognition by logo as a Team Up with a Buddy Sponsor** on event website and social media, etc.
- » **Logo placement on more than 6,000 Columbus Buddy Walk® t-shirts**
- » **Booth Placement** on plaza the day-of to pass out information and engage audience of 12,000 people
- » **Opportunity for employee engagement** with one team of the Columbus Buddy Walk® by fundraising and tailgating at the Buddy Walk® with the team
- » **Free registration for 5 employees** to participate in the Columbus Buddy Walk®
- » **Fundraising Toolkit** with fundraising information, co-branded flyer and expectation/check-list



COLUMBUS BUDDY WALK® - TEAM UP WITH A BUDDY SPONSORSHIP COMMITMENT FORM

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COMPANY/ORGANIZATION INFORMATION:

Please print below exactly how you would like your company to appear for recognition purposes:

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____

PAYMENT INFORMATION:

- I would like to pay the full \$5,000 monetary commitment*
- My company/organization will utilize employee engagement to fundraise the \$5,000 monetary commitment. I understand that if my company/organization cannot fundraise the full amount, an invoice will be sent for the remaining balance.*

To pay by check: Please make check payable to "Down Syndrome Association of Central Ohio"

To pay by credit card: ___ Visa ___ MasterCard ___ Discover ___ American Express

Card Number: _____ Exp. Date: _____ CVV2: _____

Name as it appears on the credit card: _____

Billing Address: _____

Signature: _____ Date: _____