

## SPONSORSHIP PLEDGE FORM

Thursday, May 9, 2024 ● Marriott Marquis Washington, DC 6:00PM Cocktail Reception | 7:00PM Performance & Program

Please Check One (See Spo I / My organization would like		•	the following level:		
\$50,000 Multipl	• •	, \$10,000	J		
\$25,000 Platinu			Top Billboard		
\$15,000 Gold		\$1,000	•		
I/My organization would	like to support at the abo	ove level for 2 yea	ars 3 years	·	
I cannot attend but wish	to donate \$ to	the Global Down	Syndrome Foundation	tion.	
I want to help with a long	-term pledge of \$	for 2 years _	3 years		
Contact Name:					
Company Name:					
Address:					
City/State/Zip:					
Phone:	Email:				
Please print below exactly he	ow you would like your	name or compa	ny name to appear	for recognition	
To pay by check: Please make We appreciate a check so as n	• •	•	ome Foundation."		
To pay by credit card:	Visa MasterCard	AMEX			
Card #:	Expiration Date:				
Please mail this form to:	_	Iobal Down Syndrome Foundation 239 E. Second Avenue enver, CO 80206			
Or email this form to:	Development@globa	aldownsyndrome.c	org		
Signature		г	late:		