



# 29TH ANNUAL BUDDY WALK®

## SPONSORSHIP OPPORTUNITIES

Incentives	Programming Partner	Title Sponsor	Corporate Sponsor	Tent Sponsor	Community Sponsor	First Steps Sponsor	Awareness Sponsor
One sign along the walk promoting a fact about Down syndrome that says company name	X	X	X	X	X	X	X
Five complimentary T-shirts for team walkers at the walk	X	X	X	X	X	X	X
Company table at exhibitor / info tent if desired (please specify on application)	X	X	X	X	X	X	X
Company logo and link on DSI Buddy Walk website & social media	X	X	X	X	X	X	
Company logo sent to over 1,000 DSI E-News subscribers	X	X	X	X	X	X	
Three signs promoting a fact about Down syndrome that says company name	X	X	X	X	X		
Company logo/name featured on signage at the walk	X	X	X	X	X		
Company name on walk T-shirts	X	X	X	X			
Company name and logo on event posters and banner	X	X	X				
Top Prominent logo/name placement on walk T-shirts	X	X					
Top Prominent logo/name placement on event brochures and posters	X	X					
Ten complimentary T-shirts for team walkers at the walk	X	X					
Company highlighted throughout the year when advertising our other events (such as DSI Summer Picnic)	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 #80-0732286
- All Sponsorship forms must be received by **September 7th, 2026**, to be included on Buddy Walk promotional materials & t-shirts.

**Buddy Walk® is on Saturday, October 3rd, 2026**

Please send attached confirmation form to:

Down Syndrome Indiana, 615 N. Alabama Street, STE 205 Indianapolis, IN 46204 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: \_\_\_\_\_

Would you like to exhibit at our information tent? (Our policy states that exhibitors refrain from engaging in any monetary transactions)

(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, 615 N. Alabama Street, STE 205 Indianapolis, IN 46204*

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

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

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

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