



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.



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: _____