

## 2014 SMILE ON DOWN SYNDROME BUDDY WALK SMILE MILE CORPORATE SPONSORSHIP PLEDGE FORM

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	o <b>14 SMILE ON DOW</b> ng Budget. We will ma		WALK SMILE MILE in our 2	014
	.g z u age u · · · · · · · · · · · · · · · · · ·			
	\$300	\$500	\$1,000	
	\$2,500	\$	(other)	
		three year commitment to the level listed above (bille	hold our spot as a Buddy Walk s d annually)	ponsor
2014 <b>SMILE O</b> when received b	N DOWN SYNDROM by SMILE on Down Syned on October 4, 2014,	IE BUDDY WALK SMII adrome prior to the print de	and above ensures recognition or LE MILE t-shirts and the 2014 beadline of July 1, 2014. Other do DN DOWN SYNDROME BUDI	orochures nations
Name of Corpor	ration:			
Address:				
City, State, Zip:				
Contact Person:			Phone:	
Please IN	VOICE us			
We will su	apply our corporate log	o upon request		

FYI: Please e-mail this Commitment Form to: <a href="mailto:nikki@smileondownsyndrome.org">nikki@smileondownsyndrome.org</a>
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 ~ fax: (812) 491-6888 We exist to bring hope for the future!