



**2016 SMILE ON DOWN SYNDROME
SMILE MILE and TRUCKS & HEROES
CORPORATE SPONSORSHIP PLEDGE FORM**

_____ (corporate name) will place the **2016 SMILE ON DOWN SYNDROME SMILE MILE** in our 2016 Charitable Giving Budget. We will make a commitment of:

_____ \$300 _____ \$500 _____ \$1,000 _____ \$2,500 _____ \$ _____ (other)

For this year's walk, we understand that corporate giving of \$300 and above ensures recognition on the 2016 **SMILE ON DOWN SYNDROME SMILE MILE** t-shirts and the 2016 brochures when received by SMILE on Down Syndrome prior to the print deadline of June 1, 2016. Other donations will be recognized on October 1, 2016, during the 2016 **SMILE ON DOWN SYNDROME SMILE MILE** event.

_____ (corporate name) will place the **2016 SMILE ON DOWN SYNDROME TRUCKS & HEROES** in our 2016 Charitable Giving Budget. We will make a commitment of:

_____ \$500 _____ \$1,000 _____ \$2,500 _____ \$ _____ (other)

(PLEASE NOTE THAT THERE IS A 50% REDUCTION IN SPONSORSHIP FEE AVAILABLE FOR THIS SECOND EVENT IF YOU COMMIT TO BOTH THE TRUCKS & HEROES EVENT AND THIS YEAR'S SMILE MILE BY JUNE 1ST!)

Check here if you are committing to both events _____ Total donation amount for 2016 _____

Name of Corporation: _____

Address: _____

City, State, Zip: _____

Contact Person: _____ Phone: _____

_____ Please INVOICE us

_____ We will supply our corporate logo upon request

**FYI: Please e-mail this Commitment Form to: nikki@smileondownsyndrome.org
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!