

Sponsorship Opportunities



*Benefitting the Autism Society
of Northwest Ohio*

Sunday, August 30, 2020

Franklin Park Mall

Registration 9:00 am – Walk 10:00 am

YOUR SUPPORT will help continue our **MISSION** is to improve the lives of all affected by autism in Northwest Ohio. Our **VISION** is a world in which individuals and families living with autism are able to maximize their quality of life, are treated with the highest level of dignity, and live in a society in which their talents and skills are appreciated and valued.

SPONSOR BENEFITS	Presenting \$2,500	Gold \$1,000	Silver \$500	Bronze \$250	Supporting \$125
Logo on all Event Advertising and Registration Form	Yes <i>Featured as Presenting Sponsor</i>	Yes	Name only	Name only	Name only
Sponsor-Provided Signage Displayed on Walk Day	5	4	3	2	1
Sponsor-Specific Recognition Facebook Posts with link to company website	5	4	3	2	1
Recognition on Official Walk Shirt	Logo <i>Featured as Presenting Sponsor</i>	Logo <i>Featured as Gold Sponsor</i>	Name	Name	Name
Display Table on Walk Day/Product Distribution	Yes	Yes	Yes	Yes	Yes
Recognition on Autism of Northwest Ohio's Website	Logo	Logo	Name	Name	Name
Recognition by Emcee on Walk Day	Yes	Yes	Yes	Yes	Yes
Company Recognition Post-Walk	Plaque	Certificate	Certificate	Certificate	Certificate



2020 SPONSORSHIP CONFIRMATION FORM

YES, WE WISH TO PARTNER WITH AUTISM SOCIETY OF NORTHWEST OHIO IN 2020.

CHECK HERE

_____ Presenting Sponsor \$ 2,500
_____ Gold Sponsor \$ 1,000
_____ Silver Sponsor \$ 500
_____ Bronze Sponsor \$ 250
_____ Supporting Sponsor \$ 125

_____ **I/We wish to support the Autism Society with an in-kind donation for Sponsorship.
Please contact me.**

_____ **I/We wish to form a team to participate in the 2020 AUTISM WALK.**

August 1 – Confirmation deadline for logo inclusion on walk T-shirt and walk day signage

CONTACT INFORMATION

Contact Person: _____

Company Name: _____
(Please list company as you wish it to appear on signage/acknowledgements)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

METHOD OF PAYMENT

_____ Enclosed check (payable to Autism Society of NW Ohio) _____ Please Invoice _____ Credit Card

MasterCard Visa American Express Discover

Card # _____ Exp. Date _____ CVC Code _____

Name as it appears on card _____

Signature _____

Please return to:

Kate Schwartz * Executive Director

Autism Society of Northwest Ohio

7140 Port Sylvania * Toledo, OH 43617

419.578.2766 * E-Mail: executivedirector@asno.org

