

# TVDSA Sponsor Form

Dear Sponsor,

Thank You for choosing to help our organization. Please complete the fields below as appropriate.

Company/Individual Name: \_\_\_\_\_

Select Level	<b>BRONZE</b> <input type="checkbox"/> \$100 - \$499	<b>SILVER</b> <input type="checkbox"/> \$500 - \$999	<b>GOLD</b> <input type="checkbox"/> \$1000 - \$1999	<b>PLATINUM</b> <input type="checkbox"/> \$2000+
Select Gift Type:	Monetary <input type="checkbox"/>		Products/Services <input type="checkbox"/>	Combination <input type="checkbox"/>

## Monetary Donation

Monetary donations can be submitted online via PayPal or Credit Card on our website. Donations can also be sent by check to the address at the bottom of this form. Please make checks out to:

### **Treasure Valley Down Syndrome Association**

Enter Monetary Gift Amount: \$ \_\_\_\_\_

## In-Kind, Products or Services Donation

Please list the items or services that you are providing. Please also indicate if these will be delivered or if pick up is required. Please list contact information needed to arrange pick-up or delivery and when products/services will be available.

Products/Services	Pick-up	Delivery
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

When will products/services be available?

Enter Dollar Value of Products/Services: \$ \_\_\_\_\_

List Contact Information regarding sponsorship:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Please indicate what information, if any, you want to appear in the sponsor section of our website. Also indicate the URL and logo that should be used if you qualify. This information can be listed on the back of this form. Please double check the information for accuracy to ensure it is used properly.

Please return this form along with any checks to the following address:

**George Taylor – TVDSA Sponsorship Coordinator**  
**426 S. Silver Bow Ave.**  
**Eagle, ID 83616**