

Sponsorship Opportunities



*Benefitting the Autism Society
of Northwest Ohio*

Sunday, October 7, 2018

Franklin Park Mall

Registration 8:00 am - Walk 9:00 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 \$1,500	Silver \$1,000	Bronze \$500	Supporting \$250
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	3	2	1	1	0
Sponsor-Specific Recognition Facebook Posts <i>with link to company website</i>	4	2	1	0	0
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	—	—
Recognition on Autism of Northwest Ohio's Website	Logo	Logo	Name	Name	Name
Event Signage along Walk Route	4	3	2	1	1
Recognition by Emcee on Walk Day	Yes	Yes	Yes	Yes	Yes
Company Recognition Post-Walk	Plaque	Certificate	Certificate	Certificate	Certificate

2018 SPONSORSHIP CONFIRMATION FORM

YES, WE WISH TO PARTNER WITH AUTISM SOCIETY OF NORTHWEST OHIO IN 2018.

CHECK HERE

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

_____ **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 2018 AUTISM WALK.**

September 10 – 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:

**Lori Lamb * Executive Director * Autism Society of Northwest Ohio
6629 West Central Avenue, Suite 1 * Toledo, OH 43617
419.490.7357 * E-Mail: asno.org@bex.net**