



## DSF Steps Toward A Cure Local Sponsorship Opportunities

Dravet Syndrome Foundation's *Steps Toward A Cure* consists of family-friendly events, walks and/or 5K races hosted by families throughout the US. This year, we will continue with our Dravet Superhero theme!

By becoming an event sponsor, you can make a significant contribution to the Dravet community and play a central role in the continued success of DSF. As a sponsor, your business or organization will benefit from visibility and goodwill to event participants.

### START/FINISH SPONSOR

**\$500**

- Logo on event t-shirt
- Special signage at local walk event
- Opportunity to promote your business
- 2 admissions to any walk event

### KIDS' TENT SPONSOR

**\$350**

- Logo on event t-shirt
- Special signage at local walk event
- Opportunity to promote your business
- 2 admissions to any walk event

### FOOD SPONSOR

**\$250**

- Special signage at local walk event
- Opportunity to promote your business
- 1 admission to any walk event

### T-SHIRT SPONSOR

**\$100**

- Logo on event t-shirt



#### DRAVET SYNDROME FOUNDATION'S MISSION:

Our mission is to aggressively raise research funds for Dravet syndrome and related epilepsies; to increase awareness of these catastrophic conditions; and to provide support to affected individuals and families.

DSF provides support, education and advocacy for families and professionals dealing with the complex issues of this condition. DSF advances research to improve the quality of life for those living with Dravet syndrome. Since our inception in 2009, we have awarded over \$5.6M in research grants and over \$196K in patient assistance grants. [www.dravetfoundation.org](http://www.dravetfoundation.org)

Questions? Contact Misty at [misty@dravetfoundation.org](mailto:misty@dravetfoundation.org)

# DSF Local Walk Sponsorship Agreement Form

Please specify your sponsorship level:

Start/Finish Sponsor    Kids' Tent Sponsor    Lunch Sponsor    T-Shirt Sponsor

## Company Information:

List this information exactly as it should appear. Please print clearly.

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Company Website \_\_\_\_\_

City & State of local walk \_\_\_\_\_

## Payment Method:

Check/Money order enclosed payable to Dravet Syndrome Foundation.

Credit Card:    MasterCard    Visa    American Express    Discover

Total Amount \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_ / \_\_\_\_ (mm/yy) CVN # \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Questions?**  
Contact Misty at  
203-392-1950  
misty@dravetfoundation.org

Email completed agreements & hi-resolution logo to [misty@dravetfoundation.org](mailto:misty@dravetfoundation.org).

Contracts and payments due 2 weeks prior to event. [Emaimisty@dravetfoundation.org](mailto:Emaimisty@dravetfoundation.org)



PO Box 3026, Cherry Hill, NJ 08034  
[www.dravetfoundation.org](http://www.dravetfoundation.org)