

Imagine Walk

24th ANNUAL

Thank you so much for considering a sponsorship of The Autism Project's 24th Annual Imagine Walk!

At The Autism Project (TAP) we strive to provide a safe and welcoming environment where individuals and their families feel safe, respected, and supported.

Funds raised through the 2026 Imagine Walk will go directly towards programs, services and training for children, teens and adults living with an autism spectrum disorder and their families and/or caretakers.

Your sponsorship is critical in helping us meet the ever-changing needs of those we support! You can have a positive and lasting impact on the health and well-being of those around you!



New Sponsorship Benefits in 2026!

Presenting & Champion Sponsors
Feature story about your company/organization on the TAP website for 6 months.

In-Person vs. Virtual Training from The Autism Project Training Team *"Autism in the Workplace"*

2026 Imagine Walk Sponsorship Opportunities

SPONSOR LEVELS	PRESENTING \$10,000	CHAMPION \$5,000	PARTNER \$2,500	ADVOCATE \$1,500	FRIEND \$1,000	SUPPORTER \$500
Official Event Name "Sponsor Name" Presents the 2026 Imagine Walk Category Exclusivity	Yes	No	No	No	No	No
Web Promotion Presence on TAP Website and the Walk fundraising website for teams and participants	Logo & link to your website under "Presenting Sponsor"	Logo & link to your website under Champion Sponsor	Logo & link to your website under Partner Sponsor	No	No	Logo under Supporter Sponsor
Social Media Highlight Posts highlighting your involvement	Yes	Yes	Yes	Yes	No	No
"Proud Sponsor" Lawn Sign To be displayed at your business or at the Walk	Yes	Yes	Yes	No	No	No
Walk Emails Inclusion on all emails to ~ 8,000 recipients	Logo & link to your website	Logo & link to your website	Logo & link to your website	Logo Only	Logo Only	Logo Only
Business Promotion Video Posted on social media and Website	90 Second video	45 Second video	30 Second Video	No	No	No
Virtual Training by The Autism Project "Autism in the Workplace"	Yes	Yes	Yes	No	No	No

THANK YOU FOR YOUR INTEREST
IN SPONSORING THE IMAGINE WALK!

SELECT YOUR SPONSORSHIP LEVEL

<input type="checkbox"/> Presenting Sponsor \$10,000	<input type="checkbox"/> Advocate Sponsor \$1,500
<input type="checkbox"/> Champion Sponsor \$5,000	<input type="checkbox"/> Friend Sponsor \$1,000
<input type="checkbox"/> Partner Sponsor \$2,500	<input type="checkbox"/> Supporter Sponsor \$500

PROVIDE US WITH YOUR INFORMATION

SPONSOR NAME

(As you would like it to appear on sponsor lists) _____

CONTACT PERSON _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

WEBSITE _____

COMPLETE YOUR PAYMENT

BY CHECK

Check enclosed
(Payable to The Autism Project)

OR

BY CREDIT CARD

CARD # _____

EXPIRATION _CVN _____

SIGNATURE _____

EMAIL COMPLETED FORM TO

JVeilleux@brownhealth.org

OR MAIL TO:

The Autism Project
c/o
Jennifer Veilleux
1516 Atwood Ave
Johnston, RI 02919