

12th Annual Polity Golf Tournament  Saturday, October 5, 2013

RAFFLE DONOR CONTRIBUTION AGREEMENT FORM

Medical Student Polity • Farber Hall Room 224 • 3435 Main St. • Buffalo, NY 14214
medicalpolitygolf@gmail.com

RAFFLE DONOR INFORMATION

Please return this completed form by September 23th, 2013

Donor Name (as you would like it to appear in the program):

Contact Person:

Title:

Address:

Phone Number:

Fax Number:

Donor/Sponsor Website URL:

Email Address:

ITEM INFORMATION

Description of item(s) donated for raffle (please include approximate retail value):

Donation attached/included

Prepare a gift certificate for my donation

Contact me about pickup or delivery

Donation will be mailed to Polity office

Print Name: _____ Title: _____

Authorized Signature: _____ Date: _____

This Contribution Agreement Form constitutes a binding contract with Medical Polity. Sponsorships are non-refundable for all reasons including but not limited to cancellation of the tournament due to circumstances beyond our control (e.g. unplayable conditions the day of the tournament).

Contributions or gifts to Medical School Polity are not tax deductible as charitable contributions for federal income tax purposes.

----- Polity Use Only Below This Line -----

Polity Officer Signature: _____ Date: _____