

CONTRIBUTION AGREEMENT FORM

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

***Please fill out this form if you would like to purchase one of the **sponsorship packages** listed on the previous page. Additionally, please fill out the enclosed *Sponsor Registration Form*.

SPONSOR INFORMATION

Please return this completed form by September 23th, 2013 Make all checks payable to Medical School Polity

Donor/Sponsor 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:

Please check the box that indicates your desired level of sponsorship (see attached description of benefits):

- | | |
|---|---|
| <input type="checkbox"/> Title Sponsor (\$5000) | <input type="checkbox"/> Student Participation Sponsor (\$3500) |
| <input type="checkbox"/> Major Sponsor Banquet (\$1000) | <input type="checkbox"/> Major Sponsor Beverage Cart (\$1000) |
| <input type="checkbox"/> Hole-In-One Sponsor (\$750) | <input type="checkbox"/> Contest Sponsor (\$500) |
| <input type="checkbox"/> Premium Hole Sponsor (\$250) | |

Please remember to send the 'Complimentary Sponsor Registration Form' with the names of your complimentary golfers.

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:** _____