

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

MONETARY 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 contribute financially to the tournament, but would **not** like to purchase one of the sponsorship packages. These donations are considered charitable contributions and are tax deductible, but names of donors will not be printed in the program materials. The *Charitable Contribution Agreement* on the following page must also be completed and sent to the Medical School Polity address

MONETARY DONOR INFORMATION

Please return this completed form by September 23th, 2013

Donor Name:

Contact Person:

Title:

Address:

Phone Number:

Fax Number:

Email Address:

DONATION INFORMATION

Contribution Amount: _____

Check Enclosed

Checks only (no cash) will be accepted and should be made payable to: **SBI Development Fund**

Please return this form along with your 'Charitable Contribution Agreement' form to:

Medical School Polity
Farber Hall Room 224
3435 Main Street
Buffalo, NY 14214

This Contribution Agreement Form constitutes a binding contract with Medical Polity. Donations 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).

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

Polity Officer Signature: _____ Date: _____

Sub-Board I, Inc.

State University of NY at Buffalo

341 Student Union

Amherst, NY 14260

Phone (716) 645-2954

Fax (716) 645-2674

CHARITABLE CONTRIBUTION AGREEMENT

I (we) agree to contribute \$ _____ to *Sub Board I, Inc.* The suggested manner of use for this contribution is (please also indicate name of Student Government, club or organization):

I (we) understand that, if my (our) contribution is \$250 or more, Sub-Board I will send an acknowledgment of the contribution upon receipt of my (our) check, which is enclosed. For contributions less than \$250, my (our) cancelled check will serve as acknowledgment of the contribution. I (we) also understand that, while Sub-Board I plans to use this contribution in the manner suggested, Sub-Board I retains unilateral authority to redirect the use of this contribution to other related purposes, if necessary.

Authorized signature _____ Date _____

Please print name: _____

Address: _____

Please make your check payable to: *SBI Development Fund*

Please return this agreement with your check to:

Sub-Board I, Inc.

341 Student Union - SUNY at Buffalo

Amherst, NY 14260

A copy of Sub-Board I's latest Annual Report filed with the NYS Charities Bureau is available upon request from Sub-Board I, Inc or from the NYS Attorney General, Charities Bureau, Attn: FOIL Officer, 120 Broadway, NY, NY 10271