

17th Annual Polity Golf Tournament  Saturday, September 28th, 2018

RAFFLE DONOR CONTRIBUTION AGREEMENT FORM

Medical Student Polity • 341 Student Union, SUNY at Buffalo • Amherst, NY 14260
buffalomedpolityvp@gmail.com

RAFFLE DONOR INFORMATION

Please return this completed form by September 21st, 2018

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:** _____