

8th Annual Polity Golf Tournament  Sunday, October 4, 2009

CONTRIBUTION AGREEMENT FORM

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

DONOR/SPONSOR INFORMATION

Please return this completed form by September 20, 2009 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:

ITEM DONOR INFORMATION (if applicable)

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

- | | |
|--|---|
| <input type="checkbox"/> Donation attached/included | <input type="checkbox"/> Prepare a gift certificate for my donation |
| <input type="checkbox"/> Contact me about pickup or delivery | <input type="checkbox"/> Donation will be mailed to Polity office |

SPONSOR INFORMATION (if applicable)

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Title Sponsor | <input type="checkbox"/> Student Participation Sponsor | <input type="checkbox"/> Banquet Sponsor |
| <input type="checkbox"/> Beverage Cart Sponsor | <input type="checkbox"/> Hole-In-One Sponsor | <input type="checkbox"/> Closest-To-Pin Sponsor |
| <input type="checkbox"/> Longest Drive Sponsor | <input type="checkbox"/> Premium Hole Sponsor | <input type="checkbox"/> Hole Sponsor |

Please remember to send the '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: _____