

We, the Jacobs School of Medicine & Biomedical Sciences Medical Student Polity, are excited to announce our upcoming event, The 21st Annual Polity Golf Tournament. The tournament is being held on Saturday, October 5th at Harvest Hill Golf Course located in Orchard Park, NY. This annual golf tournament serves as a fundraiser for our student-lead organizations to better help them support the academic, social, and emotional needs of our students. The funds raised for student-lead organizations at the Jacobs School of Medicine & Biomedical Sciences are used to expand medical education and support the Buffalo community by:

- Enhancing community engagement through the sponsorship of free medical clinics
- Providing student exposure to a variety of medical specialties
- Creating educational opportunities for youth
- Networking with health professionals to increase accessibility to and affordability of care
- Supporting research initiatives and opportunities for students both locally and nationally
- Improving medical education through diversity, equity, and inclusivity training
- Promoting activism in areas of public, community, and global health
- Developing leadership roles for students within the community to foster connection and lasting impact

The Polity Golf Tournament has consistently been one of our student government's most successful fundraising events. It is a wonderful opportunity for our school members and local community to partner together and make a difference. Each year our neighbors enable us to continue our mission of serving the medical student community and the greater Buffalo community through their generous donations. Should you kindly decide to sponsor and/or make a raffle donation to our upcoming event, I have included the forms that we request be filled out below. We sincerely appreciate any donations, big or small, that can better help us serve the Buffalo community.

If you have any questions regarding the upcoming tournament or our mission, please do not hesitate to contact me at VPpolity@gmail.com, cstube@buffalo.edu (personal email), or (716)310-3266 (personal phone).

Sincerely,



Charles Stube

Vice President, Medical Student Polity
Jacobs School of Medicine & Biomedical Sciences



21st Annual Polity Golf Tournament

 October 5th, 2024

SPONSORSHIP CONTRIBUTION AGREEMENT FORM

TITLE SPONSOR

\$5,000

***One opportunity available**

- *Title Sponsor* reference in all printed and promotional materials
- Name/logo displayed at clubhouse, sign-in table, banquet dinner and awards ceremony
- Inside front or back cover sponsor name in program book
- Two-hole sponsorships with signage

MAJOR SPONSOR

\$2,500

Banquet Sponsor or Beverage Cart Sponsor

- *Major Sponsor* signage at banquet or on beverage cart
- Full-page sponsor name in program
- One hole sponsorship with signage

HOLE-IN-ONE SPONSOR

\$500

- Signage at two par 3 holes
- Half-page sponsor name in program

CONTEST SPONSOR

\$500

- Signage at one hole
- Half-page sponsor name in program

PREMIUM HOLE SPONSOR

\$250

- Signage at one hole of your choice
- Quarter-page sponsor name in program

HOLE SPONSOR

\$200

- Signage at your assigned hole
- Quarter-page sponsor name in program

RAFFLE DONOR

ANY AMOUNT

- Mention in program book

MONETARY CONTRIBUTION

ANY AMOUNT

- These are considered charitable contributions and are tax deductible

21st Annual Polity Golf Tournament

 October 5th, 2024

SPONSORSHIP CONTRIBUTION AGREEMENT FORM

Medical Student Polity • Jacobs School of Medicine and Biomedical Sciences •
955 Main St. • Buffalo, NY 14203 || VPpolity@gmail.com •

*If you would like to purchase one of the **sponsorship packages** listed on the previous page, please fill out this form and return it by **September 13th, 2024**. 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 previous page):

- | | |
|--|---|
| ☐ Title Sponsor (\$5,000) | ☐ Contest Sponsor (\$500) |
| ☐ Major Sponsor Banquet (\$2,500) | ☐ Premium Hole Sponsor (\$250) |
| ☐ Hole-In-One Sponsor (\$500) | ☐ Hole Sponsor (\$200) |

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 **tax deductible** as charitable contributions for federal income tax purposes.

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

Polity Officer Signature: _____

Date: _____

21st Annual Polity Golf Tournament

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RAFFLE DONOR CONTRIBUTION AGREEMENT FORM

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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:

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 the Polity office

Print Name: _____ Title: _____

Authorized Signature: _____ Date: _____

I (we) understand that the Student Organization will send an acknowledgment of the contribution upon receipt of the property. I (we) agree to relinquish all rights of ownership, title, etc. to the Student Organization, and understand that upon delivery, the Student Organization is the sole owner of the contributed property. I (we) also understand that, while the Student Organization plans to use this contributed property in the manner suggested, the Student Organization retains unilateral authority to redirect the use of this unrestricted contribution to other related purposes, if necessary.

Contributions or gifts to Medical School Polity are **tax deductible** as charitable contributions for federal income tax purposes.

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Polity Officer Signature: _____

Date: _____

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MONETARY CONTRIBUTION AGREEMENT FORM

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*If you would like to contribute financially to the tournament but wish to NOT purchase one of the sponsorship packages, please fill out this form and return it by **September 20th, 2024**. Please be advised that only names of sponsorship and/or raffle donors will be printed in the program materials. These donations are considered charitable contributions and are **tax deductible**.*

I (we) agree to make an unrestricted contribution of \$ _____ to the University at Buffalo Medical Student Polity.

While this is an unrestricted contribution, the suggested manner of use for this contribution is in support of the **21st Annual Polity Golf Tournament**.

The terms and conditions herein set forth are:

1. Contributions made to the Organization are **tax-deductible** for the contributor.
2. While the Organization plans to use this contribution in the manner suggested, the organization retains unilateral authority to redirect the use of this contribution to other related purposes, if necessary.
3. I (we) understand that, if the contribution is \$250 or more, The University at Buffalo Medical Student Polity will send an acknowledgment of the contribution upon receipt of the enclosed check and this agreement. For contributions less than \$250, the canceled check or statement will serve as acknowledgment of the contribution.
4. The Contributor should retain a copy of this agreement as a receipt of the transaction.

Name (please print): _____

Signature: _____ Date: _____

Company (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

If the charitable contribution is made by check:

Please make your check payable to: ***University at Buffalo Medical Student Polity***

Please indicate in the memo section of the check: ***21st Annual Polity Golf Tournament***

Please return this agreement with your check to: ***University at Buffalo
Medical Student Polity
Office Room 2123
Jacobs School of Medicine
955 Main St.
Buffalo, NY 14203***

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

Polity Officer Signature: _____

Date: _____