

SPONSORSHIP COMMITMENT FORM

Sponsor Information

Sponsor is an: Organization/Company Individual

Sponsor Name (as it should appear in print):

Contact Name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

Email Address:

Cash Donations

I wish to take advantage of the following sponsorship opportunity:

Pin Pal (\$500) Par (\$1,500) Birdie (\$2,500) Eagle (\$5,000) Ace (\$10,000) Other (\$_____)

PLEASE NOTE: A donation receipt will be issued, however because benefits are received in recognition of sponsorships (ex: advertising, event registrations), sponsorship contributions are not eligible for charitable tax receipts.

I choose to opt out of all benefits/recognition in exchange for a charitable tax receipt (*if applicable*).

Gift-in-Kind Donations

I would like to donate a prize / auction item.

Dollar Value of Item(s):

I would like to donate 144 items for Golfer Gift Bags.

Item Name:

Item Description:

Item needs to be picked up.

Location:

PLEASE NOTE: According to CRA guidelines, we require official documentation of the donated item, such as a receipt, to issue a tax receipt. Gifts of service and non-purchased gift certificates are not eligible for a tax receipt.

I do not require a charitable tax receipt for my gift in kind donation.

Payment Information

Please send me an invoice for my sponsorship amount

By Email By Mail

Cheque

Make cheques payable to the **Lacombe Health Trust** and mail to our address below

Visa / Master Card

All credit card payments must be made online at **www.lacombehealthtrust.com** (choose the "Donate Now" button and follow the steps under the Lacombe Charity Golf Classic Sponsorship tab)

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PLEASE NOTE: Applicable tax receipts will be issued under the "Sponsor Name" indicated on this form.
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Sponsor Declaration

Use of Sponsor Information: As part of your sponsorship, the Lacombe Health Trust may use your company logo and business information in marketing materials directly related to the sponsored event, online, in media advertising, and for recognition opportunities.

Privacy Policy: The Lacombe Health Trust respects the privacy of donors. We do not sell or share donor lists with other organizations. As part of our recognition program, we may publicize donor names. If you prefer to remain anonymous, please check here

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Sponsor Signature	Date
<p>My signature above confirms that the information I have provided on this form is true and accurate, and that I understand the terms and conditions of my sponsorship. I hereby authorize the Lacombe Health Trust to use this information in determining the value of any tax receipt I may receive and to share this information with CRA.</p>	

Please submit your completed form:

by email to golf@lacombehealthtrust.com

by fax to 403-782-0221


by mail to Lacombe Health Trust, PO Box 5663, Lacombe AB, T4L 1X3

THANK YOU FOR YOUR SUPPORT



www.lacombehealthtrust.com

403-318-4095 | golf@lacombehealthtrust.com

 facebook.com/lacombehealthtrust

Enhancing health care through giving