

Company

PARTNERSHIP AGREEMENT

Contact:

	Onitact.
Business Address:	
City: Postal Code: _	
Email:	Phone:
Yes, we would like to partner with the Fort Edmonton Foundation Annual Golf Classic in support of the Fort Edmonton Foundation. PLEASE INDICATE PARTNERSHIP LEVEL (MULTI-YEAR SPONSORSHIPS AVAILABLE)	
O Hospitality Tee Box Partner In-Kind Partner	ership Prize Donation
I would like to sponsor the above for (please ci	ircle): 1 year 2 year 3 years Amount \$
I'm unable to attend but would like to make a donation Donations of \$25 or more will receive a charitable tax receipt Friends of Fort Edmonton Foundation Donation \$ METHOD OF PAYMENT:	
Name on Credit Card:	Amount:
Credit Card number:	Expiry date CVV
Billing address same as above	
Billing Address:	
City: Postal Code: _	
PARTNERS TO PROVIDE BY AUGUST 15TH:	
Partnership contribution and/or donation payable	e upon acceptance of sponsorship agreement.
Corporate logo – vector based eps formats are p	preferable but a high-res jpeg (min 300 dpi) is acceptable.
All links/social media, links and corporate inform	ation as required
	agreement as issued by the Fort Edmonton Foundation, I so hereby agree to documents and do hereby agree to accept the terms and conditions
Agreed to on this day of	, 2023.
Signature of authorized representative:	Print name:
Fort Edmonton Foundation Charitable Registration No. 107	

Please scan and email completed form to info@supportfortedmonton.com.









