

## 1. Corporate Information

Company Name: \_\_\_\_\_

Mr.  Ms.  Mrs.  Dr.  Other: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Business: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

## 2. Contribution Type

**Sponsorship** (Recognition opportunities, **no tax receipt issued**, due to benefits received): **Amount: \$** \_\_\_\_\_

Sponsorship Level:  Signature  Platinum  Gold  Silver  Bronze  Friend

\*Hole Name (where applicable): \_\_\_\_\_

**Charitable Donation** (Tax receipt issued): **Amount: \$** \_\_\_\_\_

**Goods or Services** (No tax receipt issued): **Value: \$** \_\_\_\_\_

Corporate Signature: \_\_\_\_\_

For recognition of all sponsorships, please email your corporate logo in high resolution (min 300dpi) in eps or jpg format to [logos@worldpartnershipgolf.com](mailto:logos@worldpartnershipgolf.com).

## 3. Payment Method (all payments are to be received no later than the tournament date)

**By Cheque** (Please make cheque payable to Aga Khan Foundation Canada)

By Credit Card:  Visa  Mastercard  American Express

Organization Name (if Corporate Card): \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder Signature: x \_\_\_\_\_ Date: \_\_\_\_\_

Tax receipts are issued in the  
cardholder/chequeholder name

An invoice will be sent for all cash sponsorships

## 4. Volunteer Information

WPG Volunteer: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Aga Khan Foundation Canada  
The Delegation of the Ismaili Imam  
199 Sussex Drive, Ottawa, Canada K1N 1K6  
Phone: 1-800-267-2532  
Fax: (613) 567-2532  
Charitable Registration #: 10007 2586 RR0001