



SPONSORSHIP FORM

1. SPONSOR INFORMATION

- This is my first contribution to the Foundation.
- I have donated to the Foundation before. AKF USA Donor ID Number: _____

Name of Corporation (if applicable) _____

Mr. Mrs. Ms. Dr. Other _____

Contact: Last Name _____ First Name _____

Title: _____ Address _____

City: _____ State: _____ Zip Code: _____

Bus: () _____ Fax: () _____ Email: _____

2. CONTRIBUTION

Sponsorship Amount: \$ _____

Presenting Partner	\$25,000
Signature Partner	\$15,000
Platinum Partner	\$10,000
Gold Partner (Beverage Cart Sponsor)	\$5,000
Silver Partner	\$2,500
Bronze Partner (Hole Sponsor)	\$1,500

3. PAYMENT METHOD

Check #: _____ Check Amount: _____

_____ **Date** _____ **Name [please print]** **X** _____ **Signature**

Checks should be PAYABLE to: Aga Khan Foundation U.S.A. 1825 K Street N.W., Suite 901 Washington, DC 20006 Tel: (202) 293-2537	Checks and forms should be MAILED to: Partnership Golf c/o: Raheem Noorani 6061 Oakbrook Parkway, Suite 117 Norcross, GA 30093 Tel: (404) 308-3315 atlanta@partnershipgolf.org
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For local office use only:

Volunteer: _____ **Phone:** _____ **Email:** _____

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