

SPONSORSHIP AGREEMENT FORM

Company: _____
Address: _____
Postal Code: _____
Telephone number: _____
Website: _____

Contact person: _____
City/Province: _____
E-mail address: _____
Fax number: _____
Best method of communication: _____

Level of Sponsorship Requested:

- Platinum - \$2000 Diamond - \$1000 Gold - \$500

Other amount: \$ _____

In-kind donation:

- Sports equipment
 Printing services (i.e., banner, photo op background, advertisements, ticket and program printing, etc.)
 Catering services
 Gift certificates
 Other

Please specify the in-kind donation(s) your organization would like to contribute:

Please make cheques payable to **Undergraduate Pharmacy Society:**

ATTN: External Affairs Directors
Undergraduate Pharmacy Society
c/o The University of Toronto
Leslie Dan Faculty of Pharmacy
144 College Street
Toronto, ON, Canada M5S 3M2

For more information, please contact Chia Hui Chung and Lisa Sun at external@uoftpharmacy.com

Thank you for your support!