



Putting for Parkinson's



in-kind sponsorship agreement

contact information



Company Name _____

(as it should appear in all event materials)

Address _____

City _____ State & Zip _____

Contact Name _____ Title _____

Telephone _____ Fax _____

Email _____

sponsorship selection



Please indicate specifics of what you will be donating for your in-kind sponsorship:

Please refer to the Sponsorships information for the complete list of benefits associated with your sponsorship.

Actual Value \$ _____

Authorized Signature _____ Date _____

Title _____

send completed in-kind sponsorship agreement to:

Putting for Parkinson's
Attn: Rachel Cole
109 E 6th South Street
Summerville, South Carolina 29483

rachel@smoothsailingevents.com
843.696.0761

