

# MATA JARNAIL KAUR MEMORIAL CORPUS FUND SCHOLARSHIP SCHEME

## Sponsorship Agreement Form

### Mata Jarnail Kaur Memorial Corpus Fund Sponsorship Agreement Form

#### Sponsor Information

SPONSOR NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

#### Sponsorship Details:

AAMOUNT SPONSORED: \_\_\_\_\_

MODE OF SPONSORSHIP:      Cheque       Bank Transfer       Cash

CHEQUE NO. (If Applicable): \_\_\_\_\_

#### Recognition and Benefits:

I would like to receive the following recognition for my sponsorship (please specify):      YES       NO

#### Terms and Conditions:

By signing this form, the sponsor agrees to support the Mata Jarnail Kaur Memorial Corpus Fund as outlined above.

The sponsor will receive regular updates on the fund's impact and activities.

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

Date: \_\_\_\_\_