

Partnership Agreement 2018

Between

(Please Complete This Form the Way You Want It To Appear in Print)

Name: _____

Address: _____

Emergency # or P.O. Box #: _____

City/Town: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

And

The Erin Agricultural Society

Contribution for the year 2018 * Event Choices: Same as last year OR

\$ _____ Worth of product, * 1) _____

\$ _____ Worth of services, * 2) _____

\$ _____ In monetary donations, * 3) _____

For a total of: \$ _____ CHEQUE ENCLOSED POST DATED CHEQUE ENCLOSED

Which represents the _____ Category. (ie. Gold, Silver, Bronze, Friend of Fair, etc.)

On behalf of Partner:

Name: _____

Title: _____

Signature: _____

On behalf of E.A.S.:

Partnership Committee Member

Signature: _____

Date: _____

Received Certificate Seal for 2017: Yes _____ No _____ Require new certificate? Yes _____ No _____

Change of Address Yes _____ No _____ Change of E-Mail Address Yes _____ No _____

Please return by April 15, 2018

Post Dated Cheques will be accepted but must be dated August 31, 2018 or earlier.

Erin Agricultural Society

P.O. Box 906, Erin, Ontario, N0B 1T0

Telephone: (519) 928-3083 Fax: (519) 928-9972

e-mail secretaryerinfair@gmail.com

OFFICE USE ONLY

Cheque received Product Received Invoice Required Charitable Receipt

Cheque Number _____

Invoice Number _____