

Partnership Agreement 2019

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 2019 * 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 2018: Yes ___ No ___

Require New Certificate? Yes ___ No ___

Change of Address Yes ___ No ___

Change of E-Mail Address Yes ___ No ___

Please return by March 1, 2019

Post Dated Cheques will be accepted but must be dated August 01, 2019 or earlier.

Erin Agricultural Society

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

Telephone: (519) 928-3083 Fax: (519) 928-9972 or (519) 833-0673

email: secretary@erinfair.com

OFFICE USE ONLY

Cheque received

Product Received

Invoice Required

Charitable Receipt

Cheque Number _____

Invoice Number _____