



Donation Form  
Kalamazoo County Fair 2016

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

Donor Name/Business: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Federal ID # or Social Security #: \_\_\_\_\_

Type of Donation: \_\_\_\_\_ Amount: \_\_\_\_\_

Check payments should be made out to 'Kalamazoo County Treasurer'. Please sign and return this form along with payment to the following address:

Kalamazoo Fair Office  
Dept of Parks and Expo Center  
2900 Lake St.  
Kalamazoo, MI 49048

COMPANY REPRESENTATIVE (Print) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

KALAMAZOO COUNTY REPRESENTATIVE (print) \_\_\_\_\_