



Donation Form
Kalamazoo County Fair 2017

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) _____