



ISES Race for A Taste 2010 In-Kind Donor Contract

Primary Contact Information

NAME: _____ TITLE: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE _____ CELL: _____ FAX: _____

E-MAIL: _____

IN-KIND DONOR

I, (print name) _____ agree to provide the following item(s) and/or services to the Race for a Taste 2010.

Item / Services Provided: _____

Quantity: _____

Retail Value \$ _____

Authorized Signature: _____ Date: _____

**Fax or email completed contract to:
Kelly Treadway at 404-604-3006 / Ktreadway@erulld.com by Friday, July 30th.
Questions: Contact Kelly at 404-604-3000 / Ktreadway@erulld.com**