



**ann arbor  
summer festival**

## In-Kind Donation Form

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**Contact Name**

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**Vendor Name**

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**Address**

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**City / State / Zip**

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**Phone/Fax**

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**E-mail**

**How do you prefer to be recognized? Vendor name                      Contact name**

**Dollar amount of goods donated: \$ \_\_\_\_\_**

**Comments:**

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Please return form via email, fax or mail to:

Ann Arbor Summer Festival  
510 Depot Street, Ste 3  
Ann Arbor, MI 48104  
info@a2sf.org  
(734) 994-5999  
(734) 994-5885 fax