



To add your name to the **Winners Circle**, fill in the information below and return this form with payment to the Markham Fair Office.

Name:

Company Name:

(if applicable)

Address:

Phone Number:

Cost:

(check applicable box)

Business/Company

Name \$500.00

Family/Individual

Name \$100.00

Method of Payment: *(check applicable box)*

Cash

Cheque

Visa

MasterCard

Debit

Card No. _____ Expiry Date _____

Engraving Information:

(approximately 14 letters per line, maximum 3 lines)

Thank you for supporting our commitment to community excellence.