



PARTNERSHIP DONATION FORM

Business/Organization

First Name:

Last Name:

Donation

Champion Level (\$1,000)

Advocate Level (\$100)

Promoter Level (\$750)

Friend of Downtown (\$50)

Visionary Level (\$350)

Other

Business Address

Address:

City:

Postal Code:

Phone:

Business Website

Business Facebook

Business Instagram

Payment Information:

Check is included

Please send an invoice

Mailing Address for KFDDA:

205 Riverside Drive, Ste F
Klamath Falls, OR 97601

Compliance with Local Regulations

I understand that KFDDA membership requires that my business or organization have a valid and current business license from any issuing local governments, if it is required of my business or organization. By typing or signing my full name in the box below, I certify that my business or organization holds a business license issued by the City of Klamath Falls and/or by Klamath County and that my license status is in good standing, or that my business or organization is exempt or otherwise not required to hold a local business license. I further agree to provide validation of my business licensing status if requested by KFDDA.

Signature of
Acknowledgement _____