**Vendor Unit Purchase Agreement**

**PLEASE PRINT**

|  |
| --- |
| **Name/Organization:** |
| **Address:** |
| **Phone Number:** |
| **Contact Person:** |
| **Email Address:** |
| **Number of Units:** | **Amount Enclosed:** |

**Mail Check or Money Order (No Cash) To:**

**The Greenview Reunion Foundation**

**Post Office Box 30306**

**Columbia, SC 29230**

**As projects change the deadline will be announced. For Further information contact Yvette Wider at (803) 587-9451 or** foyfestival@gmail.com**.**

**Foundation Use Only**

 **Authorizing Signature Date**

 **Slot Assigned**