



EVERGREEN LEGACY FUND 1% AGREEMENT

I would like to be a 1% member, adding 1% to my sales receipts, payable by the customer.

Business Name

Owner's Name

Mailing Address

Physical Address

Email Address

Website*

Phone Number Cell Fax

My preference is to set up a payment schedule ___ monthly ___ quarterly

Please see your Evergreen Legacy Fund program packet for your REQUIRED two signs.

I would like ___ remittance envelopes ___ a fact sheet for employees ___ direct deposit information

Check here if you would like Cash Register/IT assistance

Please tell us why you feel it is important to be a member of the Evergreen Legacy Fund. NOTE: We may use this quote for promotions as well as post it on our website and include in other media materials.

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- TERMS: ___ I agree to remit funds within 30 days after the month or quarter has finished
- ___ I agree to openly advertise my business participating in the Evergreen Legacy Fund Program so that customers and/or clients are aware to choose not to participate.
- ___ I will post a sign in at least two of the following locations:
___ window ___ door ___ at the cash register ___ on the menu ___ other _____
- ___ I acknowledge that I am acting as a trustee on behalf of the Evergreen Legacy Fund and that I have an obligation to remit the funds collected according to the payment schedule selected above.
- ___ If my payment lapses two months or more, my business will be taken off the program until full payment has been made. Once I have made payments, I will be placed back on the program.
- ___ I agree that, should this business change hands, or if I no longer wish to participate in the program, **I must submit written notice regarding the termination of this agreement** to the Evergreen Legacy Fund.

*Your logo (and a link) will appear on our website as long as your business is current

Signature Date