



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

Funds collected under this agreement will "pass through" to the Evergreen Legacy Fund within 30 days of the month ended.

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

I would like remittance envelopes a fact sheet for employees

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.
- 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