



EVERGREEN LEGACY FUND 1% DONATION AGREEMENT

(appropriate for those businesses with \$30,000 or more in annual revenues subject to the 1% add-on to generate \$25 or more monthly in a pass-thru)

I would like to be a 1% member, adding 1% to my sales as a pass-through to ELF.

Business Name

Owner's Name

Mailing Address

Physical Address

Email Address

Website*

Phone Number Cell

You will be provided Evergreen Legacy Fund program packet for your REQUIRED two signs, a fact sheet for employees,

I would like: ___ remittance envelopes ___ help with setting up on my POS ___ an acrylic holder stocked with informational handouts for customers

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 (please initial):

- I agree to remit funds within 30 days after the month has finished
- I agree to openly advertise my business participation in the Evergreen Legacy Fund Program.
- I will post a sign in at least two of the following locations:
___ window ___ door ___ at the cash register ___ on the menu ___ other _____
- 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 once we receive your first check and for as long as your business is current.

NOTE *By signing this, 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 the payment schedule outlined above.*

Signature Date

ELF representative signature Date

PO Box 252 • Evergreen, CO 80437 • EvergreenLegacyFund.org