

RELAY FOR LIFE
“STICK A FORK IN CANCER”
2016 Restaurant Agreement



Both parties agree to fulfill the terms stated below.

Restaurant Name: _____

Address: _____

City, State, Zip: _____

Restaurant Representative: _____

Phone: _____ Email: _____

Date(s) of participation: 4/15 4/16 4/17 4/18 4/19 4/20 4/21

Percentage Give Back:  1-Fork (10%)  2-Fork (20%)  3-Fork (30% +)

Which Relay For Life event should receive credit for your donation: _____

Which Team participating in this event should receive credit for your donation? _____

Multiple Locations Participating: Yes (Please see page 2) No

The American Cancer Society will provide you with Table Tents: How many would you like? _____

Important Information:

- This agreement must be signed and returned, along with your company logo (jpeg or eps), by **Friday, April 8, 2016** to receive full amenities based on your selected percentage of give back. *(Please refer to the restaurant amenities chart for full details)*
- Mail your tax-deductible donation check (made payable to American Cancer Society) to your local American Cancer Society office listed below by **Monday May 16, 2016**.
- The American Cancer Society will mail a donation acknowledgment letter to include our 501(c)3 tax-deductible information.

Contact Information: **Email:** Rebecca.Cheatham@cancer.org
Phone: 856-673-5729
Fax: 856-616-8449
Mail: Attn: Stick a Fork in Cancer
1851 Old Cuthbert Rd.
Cherry Hill, NJ 08034

_____/_____
Authorized Signature of Company Representative Date

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2016 Restaurant Agreement – Additional Locations



Please complete this page if additional locations will participate on the same day at the same level as the restaurant listed on page 1. If additional locations will be different, please complete a separate page 1 for each.

Restaurant Name: _____

Address: _____

City, State, Zip: _____

Restaurant Representative: _____

Phone: _____ Email: _____

Which Relay For Life event should receive credit for this additional location's donation: _____

Which Team participating in this event should receive credit for your donation? _____

The American Cancer Society will provide you with Table Tents: How many would you like? _____

Restaurant Name: _____

Address: _____

City, State, Zip: _____

Restaurant Representative: _____

Phone: _____ Email: _____

Which Relay For Life event should receive credit for this additional location's donation: _____

Which Team participating in this event should receive credit for your donation? _____

The American Cancer Society will provide you with Table Tents: How many would you like? _____

Restaurant Name: _____

Address: _____

City, State, Zip: _____

Restaurant Representative: _____

Phone: _____ Email: _____

Which Relay For Life event should receive credit for this additional location's donation: _____

Which Team participating in this event should receive credit for your donation? _____

The American Cancer Society will provide you with Table Tents: How many would you like? _____