



United Way of the Lowcountry, Inc.

Dine Out & Give Back Agreement Form

By participating in this program, your organization agrees to donate at least 10% of food and beverage sales from January 25, 2019 to United Way of the Lowcountry. To show our appreciation for your support, United Way of the Lowcountry will provide the following:

- Promotion through social media (Facebook, Instagram & Twitter), eNewsletters, press releases, internal & community networks
- Business logo listed on event page with link to business website
- Flyers posted at businesses throughout the area (Must have agreement turned in with logo attached by Dec 21, 2018 for business logo to be included on the poster).
- Inclusion in "Thank you" ad recognizing participating restaurants

CONTACT INFORMATION

Please complete the following information in full.

Company Name (as you wish to appear on marketing materials)

Contact Name

Contact Title

Contact Phone

Contact Email

Business Address

Single or Multiple Site *(If multiple sites, please detail all participating locations.)*

Company Website

Facebook, Instagram, Twitter Addresses

FUNDRAISING PLEDGE

Please complete the following information regarding your financial commitment.

Percentage of net proceeds (food and beverage) you will contribute (10 percent minimum):

10 percent 15 percent 20 percent Other: _____

Comments: _____

United Way staff will collect payment no later than February 8, 2019 or payment may be mailed to United Way of the Lowcountry at P.O. Box 202 Beaufort, SC 29901

Payment Notes:

ADVERTISING AND PROMOTION

Please e-mail a high resolution logo to Jaime at jdaileyvergara@uwlowcountry.org.

With your participation, you agree to promote United Way of the Lowcountry's Dine Out & Give Back within your establishment for a minimum of three weeks prior to the event.

Please return this form or send inquiries for additional information to:

United Way of the Lowcountry
Mae Young
P.O. Box 202
Beaufort, SC 29901
myoung@uwlowcountry.org
C: 864.915.5386 | O: 843.982.3040

By checking this box and submitting this form, you agree to the terms described above.

Signature

Date

Printed Name

*The individual signing this agreement is an authorized party of the organization.