

2017 Partners Shopping Card Agreement

(Please provide a separate contract agreement for each location.)

Store Name: _____ Open Sundays? _____ Days Closed? _____ Hours: _____

Local Store Contact: _____ Contact Phone: _____ Contact Email: _____

Store Address: _____ City/State: _____ Zip: _____ Store Phone: _____

E-mail: _____ Web Page: _____ Shopping Center: _____ Location: _____

This agreement confirms participation in the **Partners Shopping Card 2017** fundraising program to benefit the SA Cancer Council, formerly the CTRC Council, a Texas non-profit organization, in support of the Cancer Therapy & Research Center (CTRC) at the UT Health San Antonio. We agree to offer a 20% discount to all holders of the **Partners Shopping Card 2017**, which will be sold to the general public. Any restrictions are the responsibility of the store to specify in the store description.

The following conditions apply:

- The **Partners Shopping Card** will be honored *Friday, October 20, 2017, through Sunday, October 29, 2017.*
- We agree to **advise all store personnel** of the Partners Shopping Card etiquette and to promote the purchase of the **Partners Shopping Card.**
- We acknowledge that **the SA Cancer Council, formerly the CTRC Council, retains the proceeds (\$50 each) from the sale of the Partners Shopping Card** for the benefit of the Cancer Therapy & Research Center (CTRC) at UT Health San Antonio.
- **The SA Cancer Council, formerly the CTRC Council, assumes no liability** in connection with the Partners Shopping Card or otherwise.
- **All store merchandise is to be discounted 20%** for Partners Shopping Card holders unless otherwise noted in the store description.
- **EXCLUSIONS, IF ANY, MUST BE NOTED ON THIS AGREEMENT.**

If the store information is the same as last year, please indicate: Yes _____ or No _____ (If yes, you do not need to fill in the rest of this box)

Apply discount to: _____

Exclusions (please list): _____

Restaurants should specify number of diners entitled to discount: _____

Categories (Please check all below that apply to your store. Store categories cannot be modified. The categories are used to group like stores in the directory.):

- | | | |
|---|--|---|
| <input type="checkbox"/> Art & Framing/Museum | <input type="checkbox"/> Home Furnishings | <input type="checkbox"/> Restaurants, Specialty Food & Hotels |
| <input type="checkbox"/> Books, Cards, Stationery, Crafts & Music | <input type="checkbox"/> Home Improvement | <input type="checkbox"/> Specialty Retail, Gifts & Luggage |
| <input type="checkbox"/> Children's Fashions, Toys & Shoes | <input type="checkbox"/> Jewelry | <input type="checkbox"/> Sporting Goods/Health & Physical Fitness |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Men's Fashions, Shoes & Accessories | <input type="checkbox"/> Women's Fashions, Shoes & Accessories |
| <input type="checkbox"/> Flower & Garden | <input type="checkbox"/> Personal & Professional Services | <input type="checkbox"/> Other. Specify _____ |

All stores will receive Cards to sell. How many Cards needed? _____

2017 Partners Shopping Card Store Agreement accepted by (signature): _____ Date: _____

Please print name and title: _____

QUESTIONS: CONTACT PARTNERS SHOPPING CARD HOTLINE (210) 450-5571

MAIL TO: SA CANCER COUNCIL, 7979 WURZBACH RD, SUITE U600, SAN ANTONIO, TX 78229

FAX TO: (210) 405-2552

EMAIL TO: SACancerCouncil@uthscsa.edu

Retailer Agreement also available on our website: www.SACancerCouncil.org

Please complete this agreement and return it to our office no later than May 26, 2017.