

# AMERICAN CANCER SOCIETY RELAY FOR LIFE

## Day of Hope

### RESTAURANT PARTICIPATION AGREEMENT

Restaurant Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Manager/Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Restaurant Night: \_\_\_\_\_

By signing below, the Restaurant named above agrees to participate in "DAY OF HOPE" by donating 10% of their restaurant's gross income (excluding alcohol sales and sales tax) from all food sales including breakfast, lunch, and/or dinner on the date listed above to the American Cancer Society. We agree to submit our tax-deductible donation to ACS no later than July 1, 2017.

We understand that the money donated will be used to support research, education, advocacy, and service in the fight against cancer.

Contact Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Number of Table-Tents Requested: \_\_\_\_\_

Relay For Life Team \_\_\_\_\_

***PLEASE COMPLETE AND RETURN TO  
ACS 2 WEEKS PRIOR TO CHOSEN DATE:***

American Cancer Society  
Attn: Mooresville Relay For Life  
1901 Brunswick Ave, Ste. 100  
Charlotte, NC 28207  
amelia.sloan@cancer.org

