

MERCHANT PARTICIPATION APPLICATION

Complete and return this form no later than May 29, 2009.
Applications received after this date may not be considered.

Participate at no cost if selected by Value Review Committee.



FUNDRAISING CAMPAIGN FOR NORTH GEORGIA & GREATER CHATTANOOGA SCHOOLS

All coupons are 2 3/8" x 6" and may include sponsor recognition on both front and back of each coupon. The information that you provide below will be typeset to a standard coupon format. **DO NOT** request or provide alternative coupon designs. The information that you provide may be edited for consistency or to meet format requirements.

1. COUPON INFORMATION

REPEAT OFFER Please repeat previously printed offer(s). Attach printed offer to Application and complete Section 2.

The information that you provide in this section is intended to appear on your coupon. **Read and complete entire form. Retain PINK COPY for your records.**

MERCHANT NAME _____

ADDRESS OR LOCATION _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE _____

LOGO PROVIDED Logo must be art quality, black on white. Logos not meeting these guidelines cannot be used.

If your business has two locations, indicate second location address below. Logos provided electronically, e-mail to: production@schoolcoupons.com

ADDRESS OR LOCATION _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE _____

MAY USE COUPON **1** **2** **3** **4** **TIMES**

If your business has multiple locations, indicate "All Participating Area Locations" to appear on coupon, **OR** "At Participating Area Locations Listed on Back," and provide a separate typed listing. **You may be assessed a production charge for locations listed on back.**

ALL PARTICIPATING AREA LOCATIONS **AT PARTICIPATING AREA LOCATIONS LISTED ON BACK**

COUPON OFFER _____

This is a one-line headline description that will fit in the area indicated above.

IMPORTANT: The following are recommended discounts and offers based upon guidelines established by past participation. **Retail:** 25 to 50% off regular priced items or shopping sprees, or a specified dollar amount off specified purchase total providing 25 to 50% savings. **Dining & Entertainment:** Buy one get one free, or a specified dollar amount or percentage off specified purchase.

DETAILED DESCRIPTION OF OFFER AND ADDITIONAL EXCLUSIONS, OR EXPLANATION

OFFER VALUE \$ _____ **IF A % OFF, INDICATE MAXIMUM \$ SAVINGS** _____

Expiration Date: Offers will expire on August 31, 2010, or before.

Standard Exceptions and Restrictions: All coupons are limit one coupon per customer per visit. Not valid with any other coupon or promotional offer. Other restrictions may apply. **Any additional restrictions must be noted above.**

BE A STAR! This Program relies on the generosity and support of businesses like yours to enable us to recognize the efforts of participating principals, teachers, volunteers, and students. By donating gift certificates to be used as program rewards and incentives, your business will receive additional recognition of your support on your coupon and in other Campaign material as a "Star Merchant™." **MANY** schools and systems participate in the Campaign, therefore we ask that you consider a donation of multiple gift certificates. Gift certificates will be presented beginning in August 2009 and should remain valid for one year.

YES, I WANT TO BE A STAR! Please accept my donation of the following number of gift certificates:

_____ Number of Gift Certificates of (check one): \$100 each \$50 each \$25 each other: \$ _____

Corporate Patron. Cash fee of \$2000. (Participation as a Corporate Patron provides greater recognition and assures program inclusion*.)

YES, I'LL HELP SELL! My business will sell books **AFTER** the campaign to help support student incentive programs.

2. BUSINESS INFORMATION

This information will be used for correspondence only, and will not appear on coupon.

CONTACT PERSON _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE _____ **FAX** _____

This application submitted _____ (date) by _____

Your name - Please Print.

Authorized Merchant Signature (officially approved by)

Title

If selected for inclusion, Merchant agrees to honor all coupons presented and to be bound by the terms of the Merchant Participation Agreement incorporated by reference, and acknowledges receipt of same.

MAIL TO: Feredonna Communications • Drawer 23010, Knoxville, TN 37933 OR FAX TO: (866) 626-0335 (Toll Free)
FOR INFORMATION, CONTACT: Michael Ward at Feredonna Communications (800) 626-0335

FOR SCHOOL COUPONS USE ONLY
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 ACCEPTED STAR