



# 2011 MERCHANT AND RESTAURANT CONTRACT



This contract confirms the below named merchant's or restaurant's ("Merchant") participation in the 2011 (and, if applicable, 2012) Care for Kids Card fundraising program (the "Program") to benefit the work of the Board of Visitors of Children's National Medical Center (the "Board of Visitors"). By signing this contract, Merchant agrees, subject to the terms and conditions set forth below, to offer a 20% storewide discount to all persons who present a Care for Kids Card ("Card") during the shopping period (as defined below) and, as set forth in Section 4 of this contract, to sell Cards on behalf of the Board of Visitors.

### 1. Terms and Conditions:

- A. Merchant will honor the Card for a minimum period commencing on the opening of business on Friday, October 21, 2011, and ending on the close of business on Sunday, October 30, 2011 (the "Shopping Period"). All store merchandise or restaurant food and non-alcoholic beverages is to be discounted 20% for Care for Kids Card holders unless otherwise noted in Section D below or "Exclusions" in Section 2 of this contract.
- B. Merchant will advise all of Merchant's personnel of the Merchant's participation in the Program and the terms and conditions of Merchant's participation as described in this contract.
- C. Merchant acknowledges Children's National Medical Center, including the Board of Visitors assumes no liability in connection with the Care for Kids Card or otherwise.
- D. Merchant is not required to, **BUT MAY**, honor the Card for a 20% discount on: already reduced "sale" merchandise; gift certificates/cards; layaway payments; online purchases; previously purchased merchandise; special orders; restaurant take-out orders or alcoholic beverages.

### 2. Published Merchant Information: Please complete the information requested below. This information will appear in the 2011 Care for Kids Holiday Shopping Card Merchant Directory (the "Directory"). Please complete entire section.

**Merchant Name: \*** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Description of Merchant:** \_\_\_\_\_

**Exclusions, Other than Listed in Section 1.D.:** \_\_\_\_\_

### 3. Non-Published Merchant Information: Please complete the information requested below. This information will NOT appear in the Directory. However, this information is important so that a Board of Visitors representative can contact you.

#### A. Local Contact Information:\*\*

**Primary Contact Person:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

#### B. Corporate Information (if applicable):

**Contact Person:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Address / City / State / ZIP:** \_\_\_\_\_

\* If Merchant has more than one participating location, please use page three to enter store locations.

\*\* If Merchant has more than one participating location, please use page four to enter local contact information.

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**4. Card Sales: (Not applicable to Merchants that are restaurants)**

Merchant agrees to sell Cards (minimum of five (5) Cards) from each of its participating retail locations on behalf and for the benefit of the Board of Visitors. Merchant agrees to safeguard and control: (A) validated Cards in the same manner as Merchant safeguards and controls cash and (B) the funds received from Card sales until the money is collected from Merchant by a Board of Visitors representative (which shall occur as soon as possible following the end of the Shopping Period). Merchant acknowledges that the Board of Visitors will collect and retain all proceeds from Card sales.

**5. Two-Year Term: (Strongly recommended)**

By checking the box and initialing below, Merchant agrees to participate in both 2011 and 2012 Programs. If Merchant agrees to this two-year term, Merchant will receive a supplement relating to the 2012 Program no later than April 30, 2012 which supplement will be deemed a part of this contract and, together with this contract, will set forth the terms and conditions of Merchant's participation in the 2012 Program.

\_\_\_\_\_ (initial)

**6. Miscellaneous: PLEASE RETURN BY FAX OR MAIL NO LATER THAN WEDNESDAY, JUNE 1, 2011. Once your contract is received and accepted, your Merchant information will be added to our website. Please make a copy for your records and return original in the enclosed envelope provided or fax it to Megan Morgan at (202) 470-2239. Please contact Megan Morgan at [memorgan2@gmail.com](mailto:memorgan2@gmail.com) with any questions.**

**7. Signature:** Please sign below and complete the requested information.

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Agreed and Accepted:

**Board of Visitors of Children's National Medical Center**

By: \_\_\_\_\_  
**Co-Chair of Care of Kids Card Program**

## ADDITIONAL INFORMATION – MERCHANT LOCATIONS

Merchant Name: \_\_\_\_\_

Number of Participating Locations: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Store No. \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Store No. \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Store No. \_\_\_\_\_

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Store No. \_\_\_\_\_

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Store No. \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Store No. \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## ADDITIONAL INFORMATION – CONTACTS

Store No.	_____		
Person:	_____		
Zip Code:	_____	Telephone: _____	Fax: _____
E-mail:	_____		
Store No.	_____		
Person:	_____		
Zip Code:	_____	Telephone: _____	Fax: _____
E-mail:	_____		
Store No.	_____		
Person:	_____		
Zip Code:	_____	Telephone: _____	Fax: _____
E-mail:	_____		
Store No.	_____		
Person:	_____		
Zip Code:	_____	Telephone: _____	Fax: _____
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E-mail:	_____		
Store No.	_____		
Person:	_____		
Zip Code:	_____	Telephone: _____	Fax: _____
E-mail:	_____		