

## 2021 Cure Cancer Card (CCC) Agreement

(If there is more than one location, please provide information for each additional location on separate contract.)

Store Name: \_\_\_\_\_ Store Days/Hours: \_\_\_\_\_

Local Contact: \_\_\_\_\_ Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Store Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Store Phone: \_\_\_\_\_

Location(s): \_\_\_\_\_ Mall/Shopping Area: \_\_\_\_\_ Store E-mail: \_\_\_\_\_

Web Page: \_\_\_\_\_

**Please write a brief store description, please include exclusions. Limit description to 250 characters-we reserve the right to edit descriptions to 250 characters**

Exclusions: \_\_\_\_\_

Restaurants should specify number of diners entitled to discount: \_\_\_\_\_

**Categories** (Please check only two boxes below that apply to your store.)

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> Food/ Dining     | <input type="checkbox"/> Children   | <input type="checkbox"/> Home Improvement |
| <input type="checkbox"/> Sports/ Fitness  | <input type="checkbox"/> Shoes      | <input type="checkbox"/> Specialty        |
| <input type="checkbox"/> Health/ Personal | <input type="checkbox"/> Jewelry    | <input type="checkbox"/> Gift/ Stationery |
| <input type="checkbox"/> Women's Apparel  | <input type="checkbox"/> Art        |   |
| <input type="checkbox"/> Men's Apparel    | <input type="checkbox"/> Home Decor |   |

**Sponsorships** are available for \$250. Sponsorship includes name listed on website, social media, printed materials and highlighted in all retailer lists.

**I will contribute:**

\_\_\_\_\_ \$250 (sponsorship)

\_\_\_\_\_ \$\_\_\_\_\_ (other, please specify amount)

I will mail a check to SA Cancer Council by July 15, 2021.

Please charge my credit card as indicated below:

Type of Credit Card: \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

## 2021 Cure Cancer Card (CCC) Agreement (cont.)

Store Name: \_\_\_\_\_

This agreement confirms participation in the **Cure Cancer Card (CCC) 2021** event run by the SA Cancer Council (SACC) to benefit the Mays Cancer Center, home to UT Health San Antonio MD Anderson Cancer Center.

**We agree:**

- To offer a minimum 20% discount on regular retail prices from *Friday, October 22, 2021 through Sunday, October 31, 2021*, unless otherwise noted in the store exclusions.
- **To promote the CCC by displaying materials provided (e.g., posters, brochure holders, and other marketing materials). We agree to advise all store personnel of these conditions and to train all personnel to promote the sale of cards.**
- That the CCC is non-transferable and may be used only by the person whose name and signature appear on the card. Photo ID should be requested.
- That the SACC has no liability in connection with the CCC or otherwise.
- That this agreement and below signature confirms merchant's participation in the CCC 2021 event.
- Exclusions, if any, must be noted on this agreement.

**Agreement accepted by (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please print name and title:** \_\_\_\_\_

If you have any questions, please contact us at (210) 867-0912. Retailer agreement also available on:  
[www.sacancercouncil.org](http://www.sacancercouncil.org).

**Please mail or email your completed agreement on or before July 15, 2021 to:**

[sacancercouncil@uthscsa.edu](mailto:sacancercouncil@uthscsa.edu)

**SA CANCER COUNCIL  
ATTN: CURE CANCER CARD  
7979 WURZBACH RD, SUITE U600  
SAN ANTONIO, TX 78229**