

Participation Agreement – Yampa Ripple Effect

Date: _____

Business Name: _____ Owner's Name: _____

Mailing Address: _____

Physical Address: _____



Phone Number: _____ Cellphone: _____

Email Address: _____ Website: _____

<p>SET-UP: Payment Schedule:</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Quarterly (Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec)</p> <p><input type="checkbox"/> Other. Please explain _____</p>	<p>To collect payment from customers, I currently use:</p> <p><input type="checkbox"/> Cash Register / Computer</p> <p><input type="checkbox"/> Point of Sale program (POS): Name _____</p> <p><input type="checkbox"/> Handheld payment system: Name _____</p> <p><input type="checkbox"/> Other. Please explain _____</p>
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My accounting program is: _____

If you would like us to interact with your accountant, please provide name and contact info here:

<p>I am collecting on:</p> <p><input type="checkbox"/> All products and services</p> <p><input type="checkbox"/> Products only</p> <p><input type="checkbox"/> Services only</p> <p><input type="checkbox"/> Other. Please describe _____</p>	<p>My collections are:</p> <p><input type="checkbox"/> Round up on customer approved transactions</p> <p><input type="checkbox"/> Predetermined amount(s). The amount(s) are: _____</p> <p><input type="checkbox"/> Personal donation. This amount is: _____</p>
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<p>Resources I would like:</p> <p><input type="checkbox"/> Fact Sheet for Employees</p> <p><input type="checkbox"/> Sample Invoice</p> <p><input type="checkbox"/> Brochures for customers</p>	<p><input type="checkbox"/> Assistance with wording and verbiage on website, brochure, flyers, invoices, forms and other media. Please explain: _____</p> <p>_____</p>
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Please tell us why you feel it is important to sign your business up with Yampa Ripple Effect. Please note: We may use this quote for ad promotions for your business as well as post it on our website and include in other media materials. _____

TERMS:

_____ I agree to remit funds no later than 30 days after the month or quarter has finished.

_____ I agree to openly advertise my business' participation in the Yampa Ripple Effect Program.

_____ I agree to allow Friends of the Yampa and Yampa River Fund to use my business' name and logo in marketing materials until and unless I opt out.

I will post a sign or add the Yampa Ripple Effect logo in at least two of the following locations:

Window

Door

Cash Register

Menu

Invoice

Other. Please explain: _____

I will provide invoices on a monthly or quarterly schedule that accompany the funds I remit.

_____ I acknowledge that I am collecting donations as a trustee on behalf of the Friends of the Yampa and Yampa River Fund and that I have an obligation to remit the funds collected at my business to the Yampa Ripple Effect program according to the payment schedule selected above. Friends of the Yampa and Yampa River Fund will not provide donation receipts to individual donors.

_____ If my payment lapses for six months or more, my business will be taken off any advertising and recognition efforts until full payment has been made. Once I have made my payments, I will be reinstated in these recognition efforts. Not paying money due to the Yampa Ripple Effect program on a timely basis jeopardizes my ability to remain in the program.

_____ I agree that should I no longer wish to participate in the program, I will submit written notice of my opt out to the Yampa Ripple Effect program coordinator. Donations collected up until this opt out date must still be remitted to Friends of the Yampa.

_____ I agree to submit written notice to the Yampa Ripple Effect program coordinator if I would like to opt out of any part of the social media outreach, press releases, or recognition programs.

Signature _____ Date _____

***Thank You
for participating in the
Yampa Ripple Effect!***