

2018 FIREFIGHTER APPRECIATION MONTH

Agreement Form

The California Fire Foundation would be honored to have your business be synonymous with our extraordinary heroic Firefighters during September's Firefighter Appreciation Month. To participate, please review and submit the following information:

Business Name: _____ Business Phone: _____

Address: _____

Owner: _____ Owner Phone: _____

Owner Email: _____ Event Point Of Contact(POC): _____

POC Phone: _____ POC Email: _____

Promotion Concept: _____

Event Date(s): _____ Event Location(s): _____

Marketing The Promotion: _____

Promotion Donation: _____

Minimum Guaranteed Donation: \$45 Date Guaranteed Donation Will Be Sent: _____

(NOTE: Minimum Guaranteed Donation May Be Deducted From Total Donation.)

Anticipated Total Revenue Of Event/Promotion: _____ Anticipated Total Donation: _____

Method Of Charitable Contribution From Business To CFF (Will The Donation Be Sent Via Check Or Some Other Means?): _____

Anticipated Date CFF Will Receive Contribution From Business: _____

Website: _____

Social Media Links: _____

Business

Signature of Authorized Representative: _____

Print Name: _____ Title: _____ Date: _____

California Fire Foundation

Signature of Authorized Representative: _____

Print Name: _____ Title: _____ Date: _____

Signature of Authorized Representative: _____

Print Name: _____ Title: _____ Date: _____