



downtown evergreen  
economic district  
REVITALIZING DOWNTOWN EVERGREEN



### Evergreen Legacy Fund Agreement

Business Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

**SET-UP: Payment Schedule:**

- |  |  |
|--|--|
| <input type="checkbox"/> Monthly                     | <b>I currently use:</b>                              |
| <input type="checkbox"/> Quarterly                   | <input type="checkbox"/> Cash Register               |
| <input type="checkbox"/> Seasonally                  | <input type="checkbox"/> Computer                    |
| <input type="checkbox"/> Other. Please explain _____ | <input type="checkbox"/> Other. Please explain _____ |

My accounting program is: \_\_\_\_\_ My accountant's name and contact information is (please indicate if you do your own books): \_\_\_\_\_

**I am collecting on:**

- All products and services
- Products only
- Services only
- Other. Please describe \_\_\_\_\_

**My collections are:**

- 1% of all sales
- Predetermined Amount. This amount is: \_\_\_\_\_
- Personal Donation. This amount is: \_\_\_\_\_

**I would like:**

- |   |   |
|---|---|
| <input type="checkbox"/> Remittance envelopes     | <input type="checkbox"/> Brochures  |
| <input type="checkbox"/> Fact Sheet for Employees | <input type="checkbox"/> Board member contact                             |
| <input type="checkbox"/> Sample Invoice           | <input type="checkbox"/> Like business contact                            |
| <input type="checkbox"/> Bookkeeping assistance   | <input type="checkbox"/> Assistance with wording on forms and other media |

**For my required two signs I request (please indicate number needed):**

\_\_\_\_\_ 4 x 9 (Brochure or rack card style) \_\_\_\_\_ 7 x 10 (Large sheet of paper style) \_\_\_\_\_ 4 x 5 (Postcard style)

Please tell us why you feel it is important to sign your business up with The Evergreen Legacy Fund. Please note: We will use this quote for promotions 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 Evergreen Legacy Fund Program so that customers/clients are aware they can choose not to participate.
- I will post a sign in at least two of the following locations:  
 Window  Door  Cash Register  Menu  Other -Please explain: \_\_\_\_\_
- I will provide notification of my participation through invoicing.
- I acknowledge that I am acting as a trustee on behalf of the Downtown Evergreen Economic District, and that I have an obligation to remit the funds collected at my business according to the payment schedule selected above.
- If my payment lapses six months or more, my business will be taken off the program until full payment has been made. Once I have made my payments, I will be placed back on the program. Not paying money due to the Evergreen Legacy Fund jeopardizes my ability to remain in the program.
- I agree that should this business change hands, or if I no longer wish to participate in the program, that I must submit written notice of the change to the Evergreen Legacy Fund.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DEED Board, elected by our community business and property owners:**

Dean Dalvit, Evergreen Mountain Village; Gail Riley, Highland Haven; Bob Cardwell, Stillwater Partners;  
 Kathleen Davis, Evergreen Players; Eric Gill, Bearpaw Management; Jennifer Hendryx, National Park Service;  
 Richard Toussaint, Toussaint Nemer, PC; Rachel Emmer, Detritus Group; Jim Sherwood, Evergreen Evergreen Clothing Company

**PO Box 1502 Evergreen, CO 80437**  
[www.downtownevergreen.com](http://www.downtownevergreen.com)